



## **2023-2024 Financial Assistance Program- Application and Income Certification Form**

Please Print	
NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE NUMBER	
EMAIL:	
FAMILY SIZE (this number should match your tax return):  1□ 2□ 3□ 4□ 5□ 6□ 7□ 8□	
FAMILY INCOME: My current family yearly income from all sources is: \$	_
<b>Note:</b> Family income means the total income of all persons living in the same household who are by birth, marriage or adoption and are benefiting from the activities (this number should match yo return)	
To accurately determine your household income, you must include the income of all persons residuour home from all sources.	ni gnib
Approved Document for Income Verification	
You must provide a copy of your 2022 or 2023 Federal Tax Return for Income Verificat	ion
<b>NOTE:</b> Financial assistance is based upon income verification and funding availability. Assistance given on a first-come first-served basis until funds have been exhausted. All funds awarded must prior to June 30, 2024.	
<b>APPLICANT STATEMENT:</b> I hereby certify that the information on this form is accurate and comunderstand that this self-certification may be subject to further verification by the agency providing services.	plete. I g the
Signature: Date:	
Office use only	
Tax return year Annual income Verified by	

## **2023-2024 Financial Assistance Program Application and Income Certification Form**

One application per family. Please complete the entire application. Incomplete applications will not be accepted.

Please only list individuals for whom you will use assistance.

1. Childs Name: _				
_	Last	First	Middle Initial	
Date of Birth:	Month/Day/Year	Program interest:		
	Month/Day/Year			
2. Childs Name: _				
	Last	First	Middle Initial	
Date of Birth:		Program interest:		
	Month/Day/Year			
3. Childs Name: _				
	Last	First	Middle Initial	
Date of Birth:	Month/Day/Year	Program interest:		
	Month/Day/Year			
4. Childs Name: _	Last	First	Middle Initial	
Date of Birth:	Month/Day/Year	Program interest:		
Diagon soud annu	voval matification to			
Please send appl	roval notification to:			
Parant/Cuardian:				
Parent/Guardian.	Please print			
Phone:				
If we have	any questions about your a	application, we will contact you	ı at this number	
Email:	nformation will be sent to th	nis email		