Date: Parent/Guardian Name:

Address: Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ **# of adults in your household\_\_\_\_\_\_\_\_ # of children in your household**\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name (attending) | Birthdate | **Age** | Child Care Program | FT | PT | Mo. Rate |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Copy of Child Care Subsidy determination letter must be included\* If not included income must be verified in Section 2. If you are approved for Child Care Subsidy and applying for assistance with family fees or other charges a copy of your approval must be attached.**

**SECTION 1**

Reason you don’t qualify for Child Care Subsidy Over income Graduate school Other (please explain)

**SECTION 2 Must be completed if you do not qualify for Child Care Subsidy**

**Monthly gross income (before taxes) from employment**: Adult #1 $ Adult #2 $

How often are you paid? Adult #1 Adult #2

**(Please attach last three paycheck stubs of each adult. These must be provided to process this application)**

***Please indicate additional source(s) of income by filling in the amount received per month:***

State Assistance $\_\_\_\_\_\_\_\_\_\_\_\_ ADC Unemployment Other \_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_

Alimony $\_\_\_\_\_\_\_\_\_\_\_\_ Food Stamps $\_\_\_\_\_\_\_\_\_\_\_ Housing Assistance $\_\_\_\_\_\_\_\_\_ Other (Private) $\_\_\_\_\_\_\_\_\_\_\_

Have you received Aid to Dependent Children (ADC) assistance within the last six months? Yes No

Have you experienced a negative impact due to Covid-19? (See page 3) Yes No

What contribution could you make towards your monthly child care costs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDED MAXIMUM AWARD AMOUNT $5000 PER YEAR PER CHILD**

Additional information you would like to share to help us determine your tuition assistance:

The information I have provided above is accurate to the best of my knowledge. Any discrepancies will affect the tuition assistance I may or may not receive. I also understand that it is my obligation to inform the program of any and all income changes. This application and all supporting documents will be shared with Lincoln Littles staff.

Signature: Date:

**Regular Lincoln Littles Income Guidelines (Annual)**

|  |  |
| --- | --- |
| Household/Family Size | 200% Federal Poverty Level Annual Income Limits |
| 1 | $25,760 |
| 2 | $34,840 |
| 3 | $43,920 |
| 4 | $53,000 |
| 5 | $62,080 |
| 6 | $71,160 |
| 7 | $80,240 |

**Covid-19 Impacts:**

I have experienced one of the following (select check box, and explanation below)

* a reduction in salary as a result of the coronavirus
* my hours reduced as a result of the coronavirus
* been furloughed as a result of the coronavirus
* been laid off as a result of the coronavirus
* been terminated as a result of the coronavirus
* loss of income due to contracting or a family member contracting or being isolated after exposure to COVID-19
* been placed in alternate shelter as a result of health and safety, either self-isolation due to symptoms or to decrease shelter population as a result of coronavirus
* experiencing homelessness (in shelter or unsheltered/place not meant for human habitation) and in need of assistance for the health and wellbeing of myself and others as a result of coronavirus.

Please briefly explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* Race**: Black White American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander

|  |  |
| --- | --- |
| Household/Family Size | 80% of Area Median Income (Annual) |
| 1 | $46,000 |
| 2 | $52,600 |
| 3 | $59,150 |
| 4 | $65,700 |
| 5 | $71,000 |
| 6 | $76,250 |
| 7 | $81,500 |

**\*\*Ethnicity** Hispanic or Latino Not Hispanic or Latino

**\*\*Is the Head of Household Female** Yes No

**\*\*Is the Head of Household** 65 or older Yes No

**\*\*Number in Household**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. The information provided is subject to verification by the agency receiving the referral.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Covid-19 Impacted Annual Income**