

TOWN OF RANDOLPH CHILDCARE SUBSIDY PROGRAM **FULL APPLICATION**

Thank you for your interest in applying for the Childcare Subsidy Program as part of an Executive Office of Housing and Livable Communities Grant. Eligibility for this program is income and residency based and as such, the following application will help us ensure that your family qualifies.

A few things to keep in mind as you complete the application:

- Applications are funded on a first come, first served basis. Incomplete applications will be delayed.
- Income qualification is based on household size, therefore this application must include everyone living in your home (including grandparents, live-in significant others, etc.)
- Pay special attention to the attachments list at the end of the application. If you are unable to provide something listed, please get in touch with us and we'll do our best to find an alternative solution.
- Once an application is approved, you and your childcare provider will be notified. A contract outlining the terms of the program will be sent to both parties. Billing for the approved child can begin as soon as the signed contract is returned to Bailey Boyd Associates, Inc.
- The maximum award may be up to \$7,000 per child, though the initial awards will typically range from \$2,000-\$3,000.
- Families are required to contribute to the cost of care as well. The amount is based on the Massachusetts Early Education and Care co-payment chart and will be listed in the contract.
- This subsidy may not be used in conjunction with any other childcare subsidies. If you are currently receiving or receive alternate funding you must alert us at once.
- This application is **confidential**. The information in this application will be used to determine your family's eligibility for subsidy funds that are subject to HUD regulations and income requirements. The application will be maintained at Bailey Boyd Associates, Inc. and will not be shared with town officials. Your name will be removed from the application previous to any audit by HUD or EOHLC.

If you have any questions, please don't hesitate to get in touch.

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PART I: FAMILY INFORMATION.

▪ **Parent/Guardian(s) Name:** _____

Address: _____

Mailing Address: _____

Telephone: (Day) _____ (Evening) _____ Email: _____

▪ **Eligible Children: (Enter additional children on back)**

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Number of people in household: _____

- Are any of the children listed eligible for a Massachusetts Department of Early Education and Care voucher? Yes No
- Are any of the children listed above currently receiving any other childcare subsidies or vouchers? Yes No

Household Composition: Please list below the head of your household and **all members who live or will be living in your home**. Give the relationship of each person to the head of household.

List Head of Household First Name	Relationship to Head	Date of Birth	Employed/Student

- Does anyone live with you now who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No
- If either is “yes”, please explain _____

PART II: INCOME CATEGORY. Please check as appropriate.

1) **INCOME ELIGIBLE CATEGORY:** If your present gross household income falls within the HUD Income Limit Guidelines (see the following income eligibility chart), you may qualify as an INCOME ELIGIBLE family, and receive the subsidy. Additional income information must accompany this application. Please check the box below and refer to the attached INCOME VERIFICATION REQUIREMENTS, and continue with the Employment Income Information.

INCOME ELIGIBLE

**Income Eligibility Chart
(80% of Area Median Income)**

<u>Household Size</u>	<u>Income Limits</u>
2	\$94,800
3	\$106,650
4	\$118,450
5	\$127,950
6	\$137,450
7	\$146,900
8	\$156,400

PART III: EMPLOYMENT INCOME INFORMATION. *Complete whether an employee or self-employed.*

- **Are you a full-time resident at the address you entered on page 1?** Yes No
- **Parent/Guardian** Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

- **Parent/Guardian #2** Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

NOTE: If there are other adults in the household currently employed or receiving benefits, please give details on the back of this sheet.

PART IV. ANNUAL INCOME TOTALS: *What is your household's gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc. for **everyone over the age of 18** in the household.)*

ANNUAL INCOME

Source	Parent/Guardian	Parent/Guardian	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Pension Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART V: ASSETS and LIABILITIES. Complete as requested.

Assets: (Checking, Savings, Money Market, IRAs, CDs, etc. for **everyone over the age of 18** in the household) Use back of page if needed.

Type	Cash Value	Annual Income from Assets	Name of Financial Institution	Account Number
Checking Account(s)				
Savings Accounts(s)				
CD's				
IRA's				
Stocks				
Life Insurance				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART VI: CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If so:

1. Position Title: _____
2. Department: _____
3. How did you hear about this program? _____
4. Note any potential conflict of interest & describe/attach resolution: _____

PART VII: VOLUNTARY INFORMATION REQUESTED *Make additional copies of this form or use back of page if needed*

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so. Please provide this information for each member of your household.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

PART VIII: TRUTH STATEMENT

I / We certify that all information given for the purpose of obtaining assistance under The Childcare Subsidy Program is true to the best of my/our knowledge. In addition, I give Bailey Boyd Associates permission to verify my income.

Parent/Guardian Date

Parent/Guardian Date
(If Applicable)

APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below. Income and tax information must be compiled for every household member over 18 years of age.

Proof of Address:

____ Recent Bank Statement with applicant's name and residential address

OR

____ Recent Utility Bill with applicant's name and residential address

2022 Tax Return:

____ 2022 **Federal** Tax Return only (Form 1040) and Schedule C, if self employed

Income Verification:

____ 8 weeks most recent consecutive paystubs per person, per job (**Note:** W-2s Not Accepted)

____ 3 months most recent consecutive family bank statements if self employed

____ A letter from your employer, on company letterhead, stating annual gross wages

____ If receiving benefits, such as unemployment, social security, or disability: documentation confirming amount and over what time period funds are received.