



## GREATER LOWELL FAMILY YMCA CHILDCARE FINANCIAL ASSISTANCE APPLICATION

This form must be completed in full and all the following information must be included before processing will occur.

- Bring your last 2 paystubs.
- Bring your most recent W2 and most recent income tax return (1040) for everyone in the household.
- Provide proof of public assistance or other income source for everyone in your household.
- Proof of rent/mortgage payments, utility bills and any other expense listed on this form.
- **Confirmation page** of application submittal for a voucher via the [childcarecircuit.org](http://childcarecircuit.org) website. Once completed you will be added to the waiting list for a state subsidy.

### Personal Information (Please Print)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male or Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of Children in household: \_\_\_\_\_

Household Monthly Income	Household Monthly Expenses	Please check ALL services that you apply to your household:
Wages: _____	Rent/Mortgage: _____	<input type="checkbox"/> Subsidized Housing
Social Security: _____	Food: _____	<input type="checkbox"/> TAFDC/Cash Assistance
Food Stamps: _____	Childcare: _____	<input type="checkbox"/> Medicaid/MassHealth
Unemployment: _____	Utilities: _____	<input type="checkbox"/> SSI/SSDI
Child Support: _____	Medical: _____	<input type="checkbox"/> Earned Income Tax Credit
Pension _____	Car Payment: _____	<input type="checkbox"/> Childcare Subsidy or Waitlist
Any Other: _____	Any Other: _____	<input type="checkbox"/> Fuel Assistance
Total: _____	Total: _____	<input type="checkbox"/> Snap Benefits/EBT or WIC
		<input type="checkbox"/> Homeless Household

**Have you received financial assistance from the YMCA previously?** Yes No

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm to the best of my knowledge that the above information is true and complete. I agree to provide income verification in full and for all members of my household. I understand that this application expires annually, and I must reapply as requested by the YMCA to continue receiving assistance.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only: Approved/Denied Approved By: \_\_\_\_\_ Approved Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ FA %: \_\_\_\_\_ Denial Reason: \_\_\_\_\_