

APPLICATION FOR FINANCIAL ASSISTANCE

Child's Name: _____ DOB: _____

Applicant's Name: _____ Date: _____

Partner/Spouse's Name: _____

Child's Custodian (if different from above): _____

Names, Ages and Relationship to Children living within household:

Name	Age	Relationship

Total in Household: _____

NEED FOR CARE

(Please feel free to submit letter outlining circumstances)

Applicant's Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

Partner's Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

School and Course of Study: _____

Estimated Date of Completion: _____

FINANCIAL INFORMATION

Employer subsidized child care? Yes No Third Party Assistance? Yes No

Third Party Assistance Case # _____

Salaries (gross, before deductions): \$ _____ per month

Child Support: \$ _____ per month

Other income (alimony, disability, grants, etc) \$ _____ per month

Third Party Assistance Co pay \$ _____ per month

TOTAL: \$ _____ per month

I understand that I may be asked to provide a copy of the previous year's federal and state tax return or most current pay stub(s) for working parent(s) as verification of income. I understand any falsification of the above statements will result in termination of my financial assistance and enrollment at Fruit & Flower. I understand that if I have a change in income, employment, schooling, or living arrangements, I must restate this application.

Signature: _____

Date: _____