

## Town of Acton Regional Childcare Subsidy Program

### FULL APPLICATION

Thank you for your interest in applying for the Childcare Subsidy Program as part of a Community Development Block 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 a 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 application is returned to the program.
- Awards begin at \$3,000 for children 0 to pre-K and \$2,000 for children in Kindergarten through age 13. The maximum award may be up to \$5,000 per child. Funding expires on 12/31/21.
- This subsidy may not be used in conjunction with any other childcare subsidies. If you are currently receiving or plan to 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.

If you have any questions, please don't hesitate to get in touch [lducharme@actonma.gov](mailto:lducharme@actonma.gov) or (978) 929-6651

**Town of Acton  
30R Sudbury Road  
Acton, MA 01720**

**Attn: Laura Ducharme, Community Services Coordinator**

### 可根据要求提供

Kě gēnjù yāoqiú tígōng

Una transacción de este documento está disponible a pedido

इस दस्तावेज़ का एक प्रतिलिपि पर उपलब्ध है

is dastaavez ka ek lenaden anurodh par upalabdh hai

Uma transação deste documento está disponível mediante solicitação

Транзакция этого документа доступна по запросу.

**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: \_\_\_\_\_

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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 above 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	Social Security #	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)**

Household Size	Income Limit for Residents of Acton, Boxborough, Littleton, Maynard	Income Limit for Residents of Westford
2	\$77,000	\$62,800
3	\$86,650	\$70,650
4	\$96,250	\$78,500
5	\$103,950	\$84,800
6	\$111,650	\$91,100
7	\$119,350	\$97,350
8	\$127,050	\$103,650

**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)				
<b>TOTALS</b>	\$	\$	\$	\$

**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)				
<b>TOTALS</b>	\$	\$	\$	\$

**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) \_\_\_

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**Ethnic Category:** Hispanic \_\_\_ Non-Hispanic \_\_\_      **Sex:** Male \_\_\_ Female \_\_\_

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**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 the Acton Regional Childcare Subsidy Program permission to verify my income.**

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Parent/Guardian Date

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Parent/Guardian Date  
(If Applicable)



### APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below. Income 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

**Income Verification:**

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

**OR**

\_\_\_ 3 months most recent consecutive family bank statements if self employed

**OR**

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

**AND**

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