

INCOME ELIGIBILITY This process must be completed and approved PRIOR to the child attending the program, unless personally paying for your child care fees.

If you checked any of the boxes from the previous page regarding third party assistance, please list your caseworker's name and contact number:

Caseworker Name _____ Caseworker Phone _____

Does the AYCC have permission to contact your caseworker? ____ YES ____NO

Your Name _____ TANF # _____

Child's Name _____ TANF # _____

I _____ (your signature), give the Alford Youth & Community Center's AYCC Staff permission to check with the state to see if I am enrolled in any programs that may help with childcare funding. Any information the AYCC obtains, will be kept confidential.

If you receive ASPIRE, you are able to make your payments through that program. Your caseworker must notify the Finance Assistant and provide us with the correct paperwork. We do not accept ASPIRE cards so you will be required to pay through automatic withdrawal.

Please list ALL persons in your household: Financial Assistance is available in Waterville only.

Name	Relationship	Age	Employer	GROSS Monthly Salary

HOUSEHOLD INCOME Please note that your financial assistance award may be contingent upon proof of income.

	Monthly		Monthly
Total Gross Salaries	_____	AFDC/Welfare	_____
Child Support	_____	Disability	_____
Food Stamps	_____	Salary	_____
Social Security	_____	Unemployment	_____
Other (please specify): _____			

Total Household Income: \$ _____

ONE MONTH'S PROOF OF HOUSEHOLD INCOME IS REQUIRED WITH THIS APPLICATION.

Proof of income includes pay stubs, state/federal aid, and/or recent tax income statement pages.

Applications without proof of income will not be processed.

