

Billerica Boys & Girls Club
Financial Assistance Form

Name of child seeking assistance: _____ Age: _____

What programs are you interested in _____

Mothers name: _____ Fathers name: _____

Home address: _____ Home address: _____

Home phone: _____ Home phone: _____

Bus. Name: _____ Bus. name: _____

Bus. address: _____ Bus. address: _____

Bus. phone: _____ Bus. phone: _____

Hrs. per week: _____ Hrs. per week: _____

Hrs. of work _____ Hrs. of work _____

Gross monthly income: _____ Gross monthly income: _____

(please submit pay stubs for two weeks)

Other forms of income (ie AFDC, welfare voucher, child support, foster children)

Please submit evidence of support or evidence of non-support.

Rent/Mortgage _____

(Please submit a mortgage statement or your lease)

How many are living in the household _____

How many adults _____

What is their relationship to you _____

How many children are in the household _____

What are their ages _____

Do you pay for other child care _____

If yes, please submit a form that states how much you pay

*** ALL information must be filled out, with all the required documents in order for you to receive financial assistance.**