



## Financial Assistance Application

### Qualifications

Our financial aid qualifications are based on the financial assistance standards set forth by the Department of Early Education and Care and Boys & Girls Club of Greater Billerica policies. Families must re-apply each Summer/Childcare season. Unfortunately, due to limited funds, we do not offer financial aid to families with one or more parent/guardians who are home during our program hours.

### Deadlines to Apply

1. Applications are available starting March 4th
2. **Completed Applications are DUE with your registration form**
3. Award Announcements sent via email by April 26th
4. Incomplete applications will not be considered

### Applying

To apply, please complete all sections of the attached application. All income sources must be accompanied by proof of support or non-support. If you do not receive any of the listed income categories, please mark them as "n/a". **Incomplete applications will not be considered.**

#### **Income (Employment):**

- Two to Four paystubs
- 1099 or prior year tax return

#### **Income (Supplemental):**

- Award letters (Cash benefits, social security, etc.)
- Child Support (Proof of Support):
  - Statement/letter from the MA Department of Revenue
  - Divorce agreement
  - A notarized letter stating how much you receive (both parental signatures)
- Child Support (Proof of Non-Support):
  - Statement/letter from the MA Department of Revenue
  - A notarized letter stating you do not receive and child support

#### **Housing:**

- A mortgage/rental agreement
- If a formal document does not exist, please sign (along with your landlord) a document stating how much you pay, to whom, and the address

### Questions

If you have any questions regarding your eligibility or need further assistance, please feel free to contact the childcare billing office:

Yeli Ruiz  
Director of Enrollment and Billing  
(978) 667-2193, Ext. 103  
[Childcarebilling@billericabgc.com](mailto:Childcarebilling@billericabgc.com)

# Financial Assistance Application

As always, we are so glad you have chosen the Boys & Girls Club of Greater Billerica as your childcare provider, and we look forward to working with you this Summer!

Name of child(ren) for whom you are seeking financial assistance:

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

Child 3: \_\_\_\_\_ Age: \_\_\_\_\_

Child 4: \_\_\_\_\_ Age: \_\_\_\_\_

|  |  |
|--|--|
| Mother/Guardian #1 Name:                   | Father/Guardian #2 Name:                   |
| Home Address:                              | Home Address:                              |
| Home Phone #:                              | Home Phone #:                              |
| Employer:                                  | Employer:                                  |
| Employer Address: :                        | Employer Address: :                        |
| Employer Phone #:                          | Employer Phone #:                          |
| Number of hours worked per week:           | Number of hours worked per week:           |
| Number of days worked per week:            | Number of days worked per week:            |
| Gross Monthly Income: _____                | Gross Monthly Income: _____                |
| *Please attach your previous TWO paystubs* | *Please attach your previous TWO paystubs* |

Parent/Guardian Information:

Other forms of **monthly** income you or your household receives: *Please provide proof of support for these income categories.*

|   |    |              |   |    |              |
|---|----|--------------|---|----|--------------|
| Child Support**                                       | No | Yes \$ _____ | Retirement Income                             | No | Yes \$ _____ |
| Alimony   | No | Yes \$ _____ | Worker's Compensation                         | No | Yes \$ _____ |
| DCF Foster Care/<br>Adoption/ Guardianship<br>Subsidy | No | Yes \$ _____ | Social Security Benefits<br>(Parent or Child) | No | Yes \$ _____ |
| TAF DC Cash Benefits                                  | No | Yes \$ _____ | Other: _____                                  | No | Yes \$ _____ |
| Total Other Monthly Income: \$ _____                  |    |              |   |    |              |

**Please provide proof of support for the income categories above.**

\*\*Proof of non-support must also be provided for single parents claiming \$0 in child support.

# Financial Assistance Application

For what program are you applying? (Circle all that apply) {We do not offer Financial Assistance for Preschool}

Program: Fun Club      Early Bird  
Days:      Monday      Tuesday      Wednesday      Thursday      Friday

## Additional Questions:

1. Are there any other extenuating circumstances that are currently affecting your financial situation?

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2. What is your monthly rent/mortgage payment? \$ \_\_\_\_\_  
(Please submit a copy of either lease agreement or mortgage statement)

3. How many adults live in your household? \_\_\_\_\_  
a. Do all adults contribute to the household income?    YES    NO

4. How many dependents are you financially responsible for (ages 0-18)? \_\_\_\_\_  
a. What are their ages? \_\_\_\_\_

5. Do you pay for other childcare?    YES    NO  
a. If yes, how much? \_\_\_\_\_ (please submit proof of payment if applicable)

**Parent's Signature:** By signing below you acknowledge that the information contained within this application is true, and that you will notify the Boys & Girls Club of Greater Billerica if there are any major changes to your financial situation. Also, please note that all sections must be completed, with all supporting documents in order for your application to be reviewed.

**Please initial below for each type of supporting documentation included in your application.**  
**Incomplete applications will not be considered.**

\_\_\_\_\_ Proof of income sources attached  
\_\_\_\_\_ Proof of rent/mortgage amount  
\_\_\_\_\_ Any additional necessary supporting documents attached

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Office Use Only:** Date Received: \_\_\_\_\_

Program Signed Up For: \_\_\_\_\_ Monthly Rate (Family Total): \$ \_\_\_\_\_ Family Size: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

MA Daily Co-Payment: \$ \_\_\_\_\_ MA Weekly Co-Payment: \$ \_\_\_\_\_ MA Monthly Co-Payment: \$ \_\_\_\_\_

Last Year's Parent Fee- Childcare (if applicable): \$ \_\_\_\_\_ Parent Fee 2019-2020: \$ \_\_\_\_\_ Financial Aid: \$ \_\_\_\_\_