Dear Parent:

Community Development

Attached is the application for the Town of Amherst Community Development's Childcare Tuition Assistance. The first page is a guideline to determine if your family is eligible for this program. Before completing this application, we recommend that you thoroughly review the first and second page.

At this time, we are only accepting applications for the waiting list. We will send you a confirmation letter upon receipt of your application.

It is important to fill out every field that applies to you and your family; otherwise your application will be denied. For your information we've enclosed a list of Amherst area childcare providers and other child care subsidy resources.

Once you are selected, you will need to provide the documentations below:

• 🗌	Intake Form (Pages 1-3)
• 🔲	Request for Income V erification (fill out top portion only)
• 🗆	Request for Assets V erification (fill out top portion only)
• 🗆	Three Current Paystubs
• 🗆	Last Year's Tax Return (If you are daiming self-employment this is mandatory)
• 🗆	Proof of enrollment in Educational Institution (if applicable)
• 🗆	Proof of your diild(ren's) enrollment with Childcare Provider (if applicable)
01002. If you	to: Town of Amherst, Community Development, 4 Boltwood Avenue 2 nd Flr., Amherst, MA a should have any questions please do not hesitate to call us. een to twelve business days to process.
Sincerely,	

ELIGIBILITY GUIDELINES

- Each family must complete an Intake Form specifying its household size and household income; all adult members of the household must submit an income verification form or verification from their educational institution in order to be certified eligible for this program. The CDBG Administrator will be responsible for certification, with review by the Community Development Director.
- 2. Each family will then be certified eligible for this program if its income is below 80% of the Springfield MSA based on third party verification and must submit information as requested below.

As of March 19, 2	2009							
Family Size	1	2	3	4	5	6	7	8
-								
	\$43,450	\$49,700	\$55,900	\$62,100	\$67,050	\$72,050	\$77,000	\$81,950

- 3. Families must reside in the town of Amherst.
- 4. Only families that qualify under the eligibility criteria described above will be enrolled in the program.
- 5. In addition, both parents of eligible families must be either working, attending school or enrolled in a certified training program. If a parent becomes unemployed or leaves school for any reason, in most cases they will be allowed up to 8 weeks for in order to seek alternative employment.
- 6. Verification of employment or education status must be provided before families can be enrolled in the program.
- 7. Families must also document their child's enrollment in a licensed child care center or a registered family daycare home prior to receiving funds.
- 8. The Town will provide eligible families with financial support that will be based on their income, family size and the child's schedule.
- 9. All area Department of Early Education and Care licensed childcare providers and registered family daycare homes will be eligible to accept children from families enrolled in this program.
- 10. Parents will be able to access the program of their choice, pending a review of their state Mass. license or registration issued by the Mass. Department of Early Education and Care.
- 11. Families will be allocated childcare tuition assistance based on their gross monthly income, the number of family members, and the amount of time their child attends the childcare program. All payments will be made directly to the licensed childcare provider.
- 12. Providers and clients will be required to sign contracts with the Town, including the maximum obligation for each family, attendance requirements, time period the family is to receive services, and a statement that requires the family to notify the Director of Community Development immediately if family income changes, guaranteeing that both providers and clients understand the program conditions.
- 13. The Director of Community Development will work with families to help them locate other assistance programs for which they may be eligible to access at the end of this program.
- 14. Families receiving State subsidy or other state subsidies are note eligible to receive CDBG funding.

- 15. Families eligible for other state funding will be eligible for Town of Amherst CDBG funds only if other state funding is not available.
- 16. The Town will provide information regarding licensed childcare centers and family daycare homes in Amherst.
- 17. Families working or attending an educational institutional (excluding graduate students) may apply for an income-eligible voucher from the Department of Early Education and Care. Please call Childcare Outlook 582-4230 for more information

Town of Amherst Community Development

Child Care Tuition Assistance Intake Form

General Description: Town of Amherst provides child care tuition assistance to parent(s) of low- and moderate- income families with infants, toddlers and pre-school aged children. Parent(s) must be either working or attending a certified training program or education institution. The program will serve a minimum of fourteen (14) children, with no family receiving assistance for more than two (2) children. Once eligibility is determined, and all documentation is received, enrollment will be on a first-come-first serve basis.

AMOUNT: BASED ON INCOME, FAMILY SIZE AND CHILD S SCHEDULE Maximum (2) Children

A. Complete and return to:

Community Development Town Hall 4 Boltwood Ave., 2nd Flr. Amherst, MA 01002

B. Name of Applicant:				Date:
C. Address: (Street, City/Town/Zip Code)				
D. Phone Number (s):	Home: ()	Work:()	Mobile:	()
E. Name of Child Care Provider(s):	1.)			
F. Contact person(s) of Child Care Provider or Registered Family Day Care Provider	Name:	1.) 2.)		
	Title:	1.) 2.)		
	Phone Number:	1.)()	2.) ()
	Email:	1.)	2.)	
G. Name of child(ren):	(Child 1)		(Child 2)	
H. Date of Birth:	(Child 1)		(Child 2)	
I. Age of child(ren): (Child 1)			(Child 2)	
J. Amount of time child(ren) attends Child Care program:	(Child 1)	(Summer)	_ (Child 2)	(Summer)

Families must provide document of their child (ren's) enrollement or pending enrollment in a licensed Childcare Center or a Registered Family Day Care.

Household (If more than 4 members, please attach additional sheets)	Household Member 1	Household Member 2	Household Member 3	Household Member 4
Providing the following information is optional, but the data is needed for statistical purposes. Please check the appropriate items	Male Female White Non-Hispanic Black Non-Hispanic Hispanic Asian/Pacific Islander Black and White Asian and White American Indian/Eskimo Other Please Describe:	Male Female White Non-Hispanic Black Non-Hispanic Hispanic Asian/Pacific Islander Black and White Asian and White American Indian/Eskimo Other Please Describe:	Male Female White Non-Hispanic Black Non-Hispanic Hispanic Asian/Pacific Islander Black and White Asian and White American Indian/Eskimo Other Please Describe:	Male Female White Non-Hispanic Black Non-Hispanic Hispanic Asian/Pacific Islander Black and White Asian and White American Indian/Eskimo Other Please Describe:
Name, address and phone number of Educational Institution (if applicable). You must provide proof of enrollment. (Student I.D's are not acceptable.) Please fill out applie	Member (1)Name:	Member (2)Name: anyone in the househol	Member (3)Name:	Member (4)Name:
		e form. Please attach a		
INCOME BEFORE DEDUCTIONS	Household Member 1	Household Member 2	Household Member 3	Household Member 4
Name & Address of Employer or Source of Income				
Gross Income for the next 12 months				
Salaries, Wages, Including Overtine/Tips				
Net Income from Business or Profession				
Trust Income, Interest & Dividends				
Unemployment or Disability Compensation				
Pensions & Annuities				
Regular Social Security Benefits and/or SSI				
VA Disability Income				
TAFDC or Public Assistance				
Regular Alimony Support Payments and Gifts				

Assets						
Do you own any real estat	te? (Circle one)	Yes		No		
If yes. Please provide the	address					
Please list all assets below include clothing, furniture		ccount	s, stocks and bo	onds, trusts,	real estate, etc. D	O NOT
Asset Type	Asset Value or Co Balance	urrent	Name of Institution	Financial	Account Numb	er
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
Have you sold, transferred	d or given away any re	eal prop	erty or assets in	the last thre	e years?	
(Circle one	e) Yes	-	No			
If YES: D	ate of Sale/Transfer	r: Mor	nth		Day	_ Year
	Sale/Transfer _ le/Transfer: _					
I certify that the informati	ion I have given in thi	is applic	cation is true an	d correct.		
I signed under the pains a the original.	nd penalties of perjur	y; I und	derstand that a p	photocopy of	f this signature is a	s valid as
Signature				Date		

AMHERST COMMUNITY DEVELOPMENT DEPARTMENT REQUEST FOR INCOME VERIFICATION

The following person has applied to the Town of Amherst for childcare tuition assistance. We appreciate your cooperation in providing us with employment and salary information which will be kept in confidence.

	TO BE COMPLETED BY APPLICANT:					
	Employee's Name:					
	Employee's Address:					
	Employer's Name:					
	Employer's Address:					
	Authorization by Employee:	Date:				
TO BE C	OMPLETED BY EMPLOYER:					
Applicant	's Dates of Employment:					
nouis rei	osition: · Week: y of Continued Employment					
Gross Wa Per Week	ges/Salary \$ Per Month \$	Per Year \$				
Wages red	ceived for the past 8 weeks \$					
Other Cor Overtime	mpensation received during the past 12 months \$ Other \$	Commissions \$				
	t 12 months do you anticipate to give this person a raise much?	e? Yes No				
	Signature: Date Phone Number(s):	;				
	: Please print your name and					

The individual named above is an applicant for childcare tuition assistance which is subsidized with Department of Housing & Urban Development funds awarded to the Town of Amherst by the Massachusetts Community Development Block Grant Program. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized your release of the required information. The information you provide will be used for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please return to: Town of Amherst, Community Development, 4 Boltwood Ave., 2nd Flr., Amherst, MA 01002. If you have any questions, please feel free to contact Ruth Taylor at (413) 259-3074. Thank you for your cooperation.

AMHERST COMMUNITY DEVELOPMENT DEPARTMENT

REQUEST FOR ASSETS VERIFICATION

Name of Bank:	
Address:	
Applicant's Name:	
Applicant's Address:	
The individual named above is an applicant for childcare tuition assistance which is subsidiz & Urban Development funds awarded to the Town of Amherst by the Massachusetts C Grant Program. Federal regulations require that in order for the family to be eligible, we expenses and other information related to eligibility. The individual has authorized beloinformation. The information you provide will be used for the purpose of determining program. We are required to complete our verification process in a short time period and response. Please return to: Town of Amherst, Community Development, 4 Boltwood 01002. If you have any questions, please feel free to contact Ruth Taylor at (413) 25 cooperation.	Community Development Block must verify the family's income, ow your release of the required g the family's eligibility for the I would appreciate your prompt I Ave., 2 nd Flr., Amherst, MA
I,, hereby authorizeinformation requested below.	to release the
Signature D.	ate

TO BE COMPLETED BY THE INSTITUTION

Accounts (by account number)	Balance	Annual Interest Rate	Withdrawal Penalty, if any
Checking Accounts	Avg. 6 Month Balance		
	\$		
	\$		
	\$		
Savings Accounts	Current Balance		
	\$		
	\$		
	\$		
Certificates of Deposit	Current Balance		
	\$		
	\$		
	\$		

TRUST		
Value of Trust Fund Administired: Anticipated Amount of Income to be earned by Trust over next 12 months:	\$ \$	
PROPERTY		
Value of Equity in Real Property:	\$	
I certify that the above information is true	e and correct.	
Print Name and Title of Official		
Name of Institution	Signature of Official	
Street Address	 Date	
Succes success	Buc	

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Telephone Number

City, State and Zipe Code