



Application for Financial Assistance

Thank you for your interest in The Community House Early Childhood Center.

To be considered for financial assistance, applicants must:

- Complete an Early Childhood Center Enrollment Form and send with a \$50 Registration Fee to the Early Childhood Center.
- Tour the Early Childhood Center prior to applying for financial assistance.
- Provide the information listed below. All documents and information provided will be held in strict confidence.
 - Completed “Application for Financial Assistance” (attached)
 - A copy of your currently filed Federal and State tax returns including W-2 forms
 - Receipts showing fixed expenses (i.e. mortgage payments, rent receipts, loan payments, child support, utility bills, etc.)

All requested items named above should be sent in an envelope marked “**Confidential**” to:

Early Childhood Center Financial Assistance Committee
The Community House
380 S. Bates Street
Birmingham, MI 48009

Financial Assistance decisions are made by the Early Childhood Center Financial Assistance Committee. You will be notified of their decision.



Reason Requesting Financial Assistance

Explain why you are requesting Financial Assistance _____

Amount of money requested per month \$ _____

Child Information

Child's Name _____

Soc. Sec.# _____ Birth Date _____

Length of Scholarship: From (date) _____ To (date) _____

Family Information

Members of household other than parent(s) and child applicant:

Name relationship birth date resides with

Name relationship birth date resides with

Name relationship birth date resides with

Name relationship birth date resides with

Please list additional family members on the back of this page

Parent Information

MOTHER	FATHER
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Social Security No. _____	Social Security No. _____
Marital Status: Married _____ Single _____ Separated _____ Divorced _____	Marital Status: Married _____ Single _____ Separated _____ Divorced _____

MOTHER	FATHER
Current Employer _____	Current Employer _____
Address _____	Address _____
Position _____	Position _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
If part-time, hours per week _____	If part-time, hours per week _____
Gross pay _____ per _____	Gross pay _____ per _____
Current Employer _____	Current Employer _____
Address _____	Address _____
Position _____	Position _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
If part-time, hours per week _____	If part-time, hours per week _____
Gross pay _____ per _____	Gross pay _____ per _____

Please list additional current employers and related information on the back of this page.

MOTHER	FATHER
Are you currently a student?	Are you currently a student?
Yes ___ No ___ If yes,	Yes ___ No ___ If yes,
Indicate Student ID# _____	Indicate Student ID# _____
Full-Time ___ Part-Time ___	Full-Time ___ Part-Time ___
Credit hours now being taken _____	Credit hours now being taken _____
School Name _____	School Name _____
Tuition expenses for present term/semester _____	Tuition expenses for present term/semester _____
Do you receive Financial Assistance? _____	Do you receive Financial Assistance? _____
If yes; from whom and amount _____	If yes; from whom and amount _____
_____	_____
Expected completion date _____	Expected completion date _____

Please list additional schools you are currently attending and related information on back of this page.

Financial Statement of Applicant Parent(s)

<u>Assets</u>	<u>Liabilities</u>
Bank Accounts (total) \$ _____	Home Mortgage \$ _____
Stocks and Bonds \$ _____	Home Equity \$ _____
IRA/Keogh \$ _____	Other Real Estate Mortgages \$ _____
401(k)/403(b) Plans \$ _____	Tuition Loans \$ _____
Pension/Profit Sharing Plans \$ _____	Other Loans \$ _____
Home (twice SEV) (twice SEV) \$ _____	\$ _____
Other Real Estate (twice SEV) \$ _____	\$ _____
Automobile/boats/Snowmobiles, etc. \$ _____	Other Liabilities \$ _____
Other Assets \$ _____	\$ _____
\$ _____	\$ _____
\$ _____	
TOTAL \$ _____	TOTAL \$ _____

Do you receive FIA (Family Independence Agency) support? Yes _____ No _____

If yes, indicate FIA Number _____.

Amount received on monthly basis \$ _____

Divorced and/or Separated Parent(s)

- If parents are divorced or separated and Court Order provides for dual support, attach copy of Court Order.
- Under Court Order, child support paid by _____ in the amount of \$ _____ is to be paid _____.
(name of parent)
(weekly/monthly/ yearly)
- If child support payments are in arrears, attach current Friend of Court statement.

Total Income and Expenses of Applicant Parent(s)

Income per Month

Total Gross Wages \$ _____
Total Net Wages \$ _____
 (after deductions)
Commissions \$ _____
Alimony \$ _____
Child Support \$ _____
Social Security Benefits \$ _____
Pensions/Annuities \$ _____
Interest and Dividends \$ _____
Rental Income \$ _____
Worker's Comp \$ _____
Veteran's Benefits \$ _____
Unemployment Benefits \$ _____
Public Aid/ADC \$ _____
Relative/s Support \$ _____
Other Sources of Income \$ _____
 \$ _____
 \$ _____

TOTAL INCOME \$ _____
 (include gross wages)

Expenses per Month

Housing own _____ rent _____
Rent/House payment \$ _____
Utilities (electric, water, cable, gas, telephone) \$ _____
Food \$ _____
Clothing \$ _____
Current Child Care \$ _____
Vehicles:
 Make _____ **Model** _____
 Make _____ **Model** _____
Vehicle Payment \$ _____
Vehicle Payment \$ _____
Medical \$ _____
Bank Loans \$ _____
Other Loans
 Name **Amount**
 _____ \$ _____
 _____ \$ _____
 (List other loans on back of this page.)
Entertainment \$ _____
Club Memberships \$ _____
Charge Cards
 Name **Amount**
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 (List other charge cards on back of this page.)
Other Expenses
 Name **Amount**
 _____ \$ _____

TOTAL EXPENSES \$ _____

By signing below, I/we declare that to the best of my/our knowledge that all of the information provided in this Application and in the accompanying statements and/or documentation provided with this Application is true and correct.

I/we further declare that this application shows a complete statement of all income, assets, and resources belonging to me/us and any member of my/our immediate family. I/we further declare that this application reflects an accurate statement of all expenses.

I/we authorize the Financial Assistance Committee of The Community House Early Childhood Center to contact my/our employer/s to confirm my/our employment.

I/we agree to notify the Financial Assistance Committee of The Community House Early Childhood Center of any changes in names, addresses, family information, employment, schools, income, assets, and liabilities.

I/we also understand that if I/we am/are approved for Financial Assistance, The Community House must report this assistance as income for tax purposes.

Parent Applicant_____Date_____

Parent Applicant_____Date_____

