

Towns of Oak Bluffs, Tisbury, Edgartown, West Tisbury & Gosnold Childcare Subsidy Program

FULL APPLICATION

Thank you for your interest in applying for the Childcare Subsidy Program as part of a Community Development Block Grant. Eligibility for this program is income and residency based and as such, the following application will help us ensure that your family qualifies.

A few things to keep in mind as you complete the application:

- Applications are funded on a first come, first served basis. Incomplete applications will be delayed.
- Income qualification is based on household size, therefore this application must include everyone living in your home (including grandparents, live-in significant others, etc.)
- Pay special attention to the attachments list at the end of the application. If you are unable to provide something listed, don't hesitate to get in touch with us and we'll do our best to find an alternative solution.
- Once an application is approved, you and your childcare provider will be notified. A contract outlining the terms of the program will be sent to both parties. Billing for the approved child can begin as soon as the signed application is returned to Bailey Boyd Associates, Inc.
- The maximum award may be up to \$5,000 per child, though the initial award likely range from \$2,000-\$3,000.
- Families are required to contribute to the cost of care as well. The amount is based on the Massachusetts Early Education and Care co-payment chart and will be listed in the contract.
- This subsidy may not be used in conjunction with any other childcare subsidies. If you are currently receiving or receive alternate funding you must alert us at once.
- This application is **confidential**. The information in this application will be used to determine your family's eligibility for subsidy funds that are subject to HUD regulations and income requirements. The application will be maintained at Bailey Boyd Associates, Inc. and will not be shared with town officials. Your name will be removed from the application previous to any audit by HUD or DHCD.

If you have any questions, please don't hesitate to get in touch.

Carol Bergen
Bailey Boyd Associates, Inc.
P.O. Box 636
North Eastham, MA 02651
508-430-4499 x5
cbergen@baileyboyd.com
508-430-4498 (fax)

PART I: FAMILY INFORMATION.

▪ **Parent/Guardian(s) Name:** _____

Address: _____

Mailing Address: _____

Telephone: (Day) _____ (Evening) _____ Email: _____

▪ **Eligible Children: (Enter additional children on back)**

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Name: _____

Age: _____ Childcare Program: _____

Monthly Tuition Fees at Program: _____

Number of people in household: _____

- Are any of the children listed above eligible for a Massachusetts Department of Early Education and Care voucher? Yes No
- Are any of the children listed above currently receiving any other childcare subsidies or vouchers? Yes No

Household Composition: Please list below the head of your household and **all members who live or will be living in your home.** Give the relationship of each person to the head of household.

List Head of Household First Name	Social Security #	Relationship to Head	Date of Birth	Employed/ Student

- Does anyone live with you now who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No
- If either is “yes”, please explain _____

PART II: INCOME CATEGORY. *Please check as appropriate.*

1) **INCOME ELIGIBLE CATEGORY:** If your present gross household income falls within the HUD Income Limit Guidelines (see the following income eligibility chart), you may qualify as an INCOME ELIGIBLE family, and receive the subsidy. Additional income information must accompany this application. *Please check the box below and refer to the attached INCOME VERIFICATION REQUIREMENTS, and continue with the Employment Income Information.*

INCOME ELIGIBLE

**Income Eligibility Chart
(80% of Area Median Income)**

<u>Household Size</u>	<u>Income Limits</u>
1	\$47,600
2	54,400
3	61,200
4	68,000
5	73,450
6	78,900
7	84,350
8	89,800

PART III: EMPLOYMENT INCOME INFORMATION. Complete whether an employee or self-employed.

- Are you a full-time resident at the address you entered on page 1? Yes No
- Parent/Guardian Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

- Parent/Guardian #2 Employed Unemployed, seeking employment Full-time student

Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

If employed on a seasonal basis, please supply dates: _____

NOTE: If there are other adults in the household currently employed or receiving benefits, please give details on the back of this sheet.

PART IV. ANNUAL INCOME TOTALS: *What is your household's gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc for **everyone over the age of 18** in the household.)*

ANNUAL INCOME

Source	Parent/Guardian	Parent/Guardian	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Pension Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART V: ASSETS and LIABILITIES. Complete as requested.

Assets: (Checking, Savings, Money Market, IRAs, CDs, etc. for **everyone over the age of 18** in the household) Use back of page if needed.

Type	Cash Value	Annual Income from Assets	Name of Financial Institution	Account Number
Checking Account(s)				
Savings Accounts(s)				
CD's				
IRA's				
Stocks				
Life Insurance				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART VI: CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If so:

1. Position Title: _____
2. Department: _____
3. How did you hear about this program? _____
4. Note any potential conflict of interest & describe/attach resolution: _____

PART VII: VOLUNTARY INFORMATION REQUESTED *Make additional copies of this form or use back of page if needed*

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so. Please provide this information for each member of your household.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ Sex: Male ___ Female ___
Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___
Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

PART VIII: TRUTH STATEMENT

I / We certify that all information given for the purpose of obtaining assistance under The Childcare Subsidy Program is true to the best of my/our knowledge. In addition, I give Bailey Boyd Associates permission to verify my income.

Parent/Guardian Date

Parent/Guardian Date
(If Applicable)

APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below (both items from box 2). Income and tax information must be compiled for every household member over 18 years of age.

Proof of Address:

___ Recent Bank Statement with applicant's name and residential address

OR

___ Recent Utility Bill with applicant's name and residential address

2016 Tax Return:

___ 2016 **Federal** Tax Return only (Form 1040) and Schedule C, if self employed

AND

___ Completed 4506-T Request for Transcript of Tax Return (attached to application)

Income Verification:

___ 8 weeks most recent consecutive paystubs per person, per job (**Note:** W-2s Not Accepted)

___ 3 months most recent consecutive family bank statements if self employed

___ A letter from your employer, on company letterhead, stating annual gross wages

___ If receiving benefits, such as unemployment, social security, or disability: documentation confirming amount and over what time period funds are received.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. <p style="margin-left: 40px; color: blue;"> Carol Bergen, Bailey Boyd Associates, Inc. P.O. Box 636 N. Eastham, MA 02651 </p>	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter

_____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____ | _____ / _____ / _____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Sign Here ▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	