



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 June 1st
2. **Completed Applications are DUE by July 15th**
3. Award Announcements sent via email by August 4th
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 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

Assistant Director of Enrollment and Billing

(978) 667-2193, Ext. 103

Childcarebilling@billericabgc.com

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 throughout the year!



Financial Assistance Application

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/ Adoption/ Guardianship Subsidy	No	Yes \$ _____	Social Security Benefits (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

Program: Fun Club

Days: Monday Tuesday Wednesday Thursday Friday

Additional Questions:

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

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

PARENTSIGNATURE: _____ 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 2023-2024: \$ _____ Financial Aid: _____