

LIST OF ACCEPTABLE INCOME DOCUMENTATION FOR THE AFTER-SCHOOL PLUS (A+) PROGRAM

As stated on the application form, **you must submit supporting documentation. If you would like to apply for subsidized tuition**, acceptable documentation is listed below.

For each **“Type of Income”** you receive, send **one** of the following documents from the **“Suggested Sources of Acceptable Written Evidence”**.

| Type of Income | Suggested Sources of Acceptable Written Evidence |
|---|---|
| Earnings/Wages/Salary | 1. For each type of income received, send one of the following: <ul style="list-style-type: none"> • Current paycheck stub (for one month) . Letter from employer on official letterhead stating gross wages paid and how often they are paid; or 2. Self-employed, business or farming documents, such as ledger books, last quarterly tax estimates, last year’s tax return; or 3. Last year’s tax return (gross income) with copy of W-2. |
| Cash Income | A letter from employer stating wages paid and frequency. |
| Social Security (all types) | 1. Social Security Benefit Award letter; or 2. Statement of benefits received. |
| Pension/Retirement | 1. Statement of benefits received; or 2. Pension award notice. |
| Unemployment Compensation/Disability or Worker’s Compensation | 1. Benefit Award letter; or 2. Check stub. |
| Financial Assistance Payments | Benefit statement from DHS (Do not include SNAP). |
| First to Work | DHS Form 728 from First to Work unit. |
| Child Support/Alimony | 1. Copies of checks or proof of payment received; or 2. Court order decree or agreement. |
| All other income | Documents showing the amount, how often, and date received. |
| No Income | Provide a brief note explaining how you provide food, clothing, and housing for your household and when you expect income. |

SCHOOL _____

| |
|---|
| Site Use Only: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
|---|

Application for Subsidized Monthly Fee (A+ Program)

Note: Application for each household if there is joint custody

If you are currently receiving financial assistance from Department of Human Services (FTW) Program, you do **NOT** have to complete Section 2 below, however, **you must provide the A+ Program with Form DHS 728 from the FTW Program office.**

1. Child(ren)'s Name(s) in A+ Program:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| Last | First | Last | First |
| _____ | _____ | _____ | _____ |
| Last | First | Last | First |

2. MONTHLY INCOME OF PARENT/LEGAL GUARDIAN LIVING IN HOUSEHOLD

To figure/convert to monthly income: Weekly income x 4.33, Income every 2 weeks x 2.15, Twice a month income x 2

| List the names of all children and parent/legal guardian living in your household. Include yourself and the children listed above. | Gross MONTHLY Earnings (Before deductions) | MONTHLY Welfare, Alimony, Child Support & Social Security | MONTHLY Pension or Retirement Payments | Any OTHER MONTHLY Income |
|--|--|---|--|--------------------------|
| 1. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6. _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL: | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

TOTAL number of household members: _____
Zero Income. You must explain how your living expenses are being met. _____

3. The information on this form and the attached documentation may be used to assist the determination of eligibility for the After-School Plus (A+) Program's subsidized monthly fee. A+ Program staff may verify all the information on this form and the attached documentation. I give up my rights to confidentiality for this purpose only. I certify that I am the parent/legal guardian of the child(ren) for whom application is being made. I also certify that all of the above information is true and correct and all income is reported. I understand that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. If any information has been falsified, I understand that this may result in a loss or reduction of benefits, legal claims, and dismissal of my child(ren) from the After-School Plus (A+) Program.

Parent/Legal Guardian's Signature _____ Date _____ Home Phone _____

Parent/Legal Guardian's Printed Name: _____ Work Phone _____

4. _____ I have attached a copy of **one** of the documentation for **every type of income we receive** to show that I qualify for a subsidized monthly fee. See **Sources of Acceptable Income Documentation** listed on the back of this application.

Attach the supporting documentation to this **Application for Subsidized Monthly Fee**. Submit with the **A+ Program Registration Form** to your A+ program Site Coordinator.