

Kids First Childcare Financial Aid Application 2020

215 N Garmisch Street, Suite 1, Aspen, CO 81611

970-920-5769 – online application available:

www.cityofaspen.com/childcare-financial-aid



KIDS FIRST
CITY OF ASPEN

Date of Application: _____

Mother's Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Father's Name: _____

Current Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

List all Children:

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T_ W_ TH_ F_

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T_ W_ TH_ F_

Name: _____ Age/DOB: _____ School: _____ Days enrolled: M _ T_ W_ TH_ F_

Total # of children in household: _____ Total # of people living in the household: _____

Do you own, rent, or have employer paid housing? _____

Rent – monthly cost \$ _____ Own employee housing – monthly cost \$ _____

Own free-market housing – monthly cost \$ _____

Other - please explain: _____

REQUIRED DOCUMENTS – PLEASE CHECK THAT YOU HAVE INCLUDED:

- 2019 Federal Income Tax Return (complete and signed)
- Individual Tax Return Transcript form 4506T-EZ
- 2019 W-2's from all employers
- CURRENT PAY STUB from all employers
- IF SELF EMPLOYED – current (YTD) Profit/Loss Statement and complete set of business taxes
- Child's proof of legal presence (United States birth certificate or United States passport)
- Client responsibility agreement – signed & dated
- Employment verification – filled out by employer- one is required for each job held
- Divorce decree, separation agreement and/or custody agreement – if applicable

****Completion of this application does NOT guarantee that you will receive financial aid****

➤ You may wish to try the pre-qualification calculator before completing this application - www.cityofaspen.com/childcare-financial-aid

Mother

Employer #1 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Employer #2 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Father

Employer #1 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

Employer #2 _____

Address: _____

Gross monthly income _____

Dates of employment: _____

If seasonal – list dates of employment: _____

Include all other sources of income for Mother or Father:

Child support or alimony _____

Other income (social security, dividends etc.) _____

Falsification of any of the above information or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding and is punishable under the Colorado Revised Statutes, Section 18-4-401, Theft of Services.

In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants the Kids First Board the right to request verification thereof through persons and/or entities disclosed and/or hereinafter disclosed. Applicant(s) declares the above information is true and accurate. Applicant(s) declares that the information on this application is understood by the applicant(s).

I authorize Kids First, licensed childcare programs, Human Services (CCCAP) and other necessary agencies to release pertinent information in order to better coordinate services for my child (children).

Parent Signature: _____

Date: _____

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