

# C.E.F. Kids' Care Financial Disclosure Form

5651 Palmer Way, Suite H Carlsbad, California 92010

Phone (760) 929-1555 Fax (760) 929-8788

This form is used for CEF Financial Aid and ASES grant applications. **Enrollment in financial aid programs is not guaranteed.** You must apply for 3<sup>rd</sup> party assistance directly with an outside agency. We have contact information available for 3<sup>rd</sup> party.

There is a limited amount of CEF Financial Aid available and it can only cover a portion of the monthly tuition.

The ASES program is available only at Jefferson and Buena Vista Elementary Schools and there are 80 slots available at each school.

**Please note: Financial Aid will not be considered if the application is not complete or if financial documentation is not submitted with this Financial Disclosure Form.**

Child \_\_\_\_\_ School \_\_\_\_\_ Parent phone \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check the box that best matches your situation.

I am seeking financial aid for Kids' Care tuition because:

My total family income is less than \$42,000.00. (For each parent, please attach copy of last pay stub.)

My personal salary is less than \$30,000.00 and I do not receive child support or child support payments on time. (Please attach copy of last pay stub and other sources of income and describe on reverse. If child support payments are not received on time, please explain circumstances.)

I have recently been laid off work. (Please attach copy of last pay stub and describe on reverse.)

I am a student. (Please attach proof of enrollment in current semester and copy of all sources of income.)

I have an unplanned family circumstance that makes childcare necessary, although I do not work outside the home. (Please describe on reverse and attach relevant documentation, such as a recently dated physician's note.)

Due to extreme unforeseen circumstances (such as natural disaster affecting property or prolonged deployment for National Guard), I find the Kids' Care tuition temporarily unaffordable. (Please describe on reverse.)

Other (Please explain. Describe on reverse if needed.)

Adults (18 years and older) living in home:

Name(s):

Employed by:

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Children living in home:

Name(s)

Age

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Total Gross Monthly Income – (Please remember to attach financial documentation)

Monthly Wages from all contributing adults: \$ \_\_\_\_\_  
 (Average of 4 weeks gross income = one week x 4.3)

+ Child support/alimony received: \_\_\_\_\_

+ SSI/SSDA: \_\_\_\_\_

+ Other (specify): \$ \_\_\_\_\_

- (minus) Child support/alimony paid: \$ \_\_\_\_\_

Total Gross Monthly Income: \$ \_\_\_\_\_ Family size \_\_\_\_\_

**Please supply the following monthly figures for your family's personal expenses:**

\$ _____.	Kids' Care tuition	\$ _____.	food
\$ _____.	rent/mortgage	\$ _____.	credit debt
\$ _____.	gas and electric	\$ _____.	clothing
\$ _____.	telephone	\$ _____.	entertainment
\$ _____.	cable	\$ _____.	car payment
\$ _____.	child support owed	\$ _____.	gas
\$ _____.	college tuition	\$ _____.	other (describe)

The above information is true and accurate as of the date of application. I also agree to notify Kids' Care of any change in income, expenses, or family conditions noted on this application. I understand that providing false information or a failure to notify Kids' Care of substantive changes in the information provided in this application may result in the cancellation of assistance and reimbursement to Kids' Care for all assistance provided. Financial Aid recipients will be notified via mail, if approved.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number (or copy of INS documentation): \_\_\_\_\_