



Avondale Youth Assistance

1435 W Auburn Road, Rochester Hills, MI 48309

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FINANCIAL ASSISTANCE APPLICATION-----CONFIDENTIAL-----

CHILD'S NAME _____

AGE _____ BIRTHDATE _____

SCHOOL CHILD ATTENDS _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE # _____ WORK # _____

EMAIL Address _____

NUMBER OF CHILDREN (UNDER 18) WHO LIVE IN HOUSEHOLD _____

NUMBER OF ADULTS (OVER 18) WHO LIVE IN HOUSEHOLD _____

TOTAL YEARLY INCOME FROM ALL SOURCES _____

NAME OF CAMP OR ACTIVITY _____

DATE OF CAMP/ACTIVITY _____ FEE _____

TOTAL AMOUNT FAMILY CAN PAY \$ _____

AMOUNT REQUESTED FROM AVONDALE YOUTH ASSISTANCE \$ _____

HAVE YOU RECEIVED FINANCIAL ASSISTANCE IN THE PAST? YES NO IF YES, FROM WHERE:

EXPLAIN ANY REASONS THAT EXIST WITHIN YOUR FAMILY WHICH PROVIDE NEED FOR

FINANCIAL ASSISTANCE _____

ATTACH CURRENT FINANCIAL DOCUMENTATION TO SUPPORT REQUEST: Copies of Tax Returns, Benefit Statements are acceptable.

*STUDENTS MAY BE ASKED TO MAKE A PRESENTATION, EITHER PRIVATELY TO CASEWORKER OR TO THE BOARD OF DIRECTORS, REGARDING THEIR EXPERIENCES.

ALL DECISIONS FOR FINANCIAL ASSISTANCE ARE MADE BY A VOLUNTEER COMMITTEE BASED ON INFORMATION PROVIDED ON THE APPLICATION. ALL DECISIONS ARE FINAL. AVONDALE YOUTH ASSISTANCE RESERVES THE RIGHT TO MAKE FINANCIAL ASSISTANCE AWARDS BASED ON DETERMINED NEED AND AVAILABILITY OF LIMITED FUNDS.

PARENT/GUARDIAN SIGNATURE REQUIRED

DATE

Rev 06/17

Dear Parent or Guardian:

Avondale Youth Assistance uses Community Development Block Grant funds to offset the cost of some of its programs. In order to be eligible for these funds, we must document the number of enrolled children with household incomes less than or equal to the family size/income guidelines given to us by Oakland County. With your cooperation, we can qualify for reimbursement. Please complete this form.

Circle the number of people in your household (adults and children). **On the same line**, circle your income level.

Number of People in Household	Income Levels			
	Under \$16,050	Under \$26,750	Over \$42,750	Over \$42,750
1	Under \$18,350	Under \$30,550	Over \$48,850	Over \$48,850
2	Under \$21,330	Under \$34,350	Over \$54,950	Over \$54,950
3	Under \$25,750	Under \$38,150	Over \$61,050	Over \$61,050
4	Under \$30,170	Under \$41,250	Over \$65,950	Over \$65,950
5	Under \$34,590	Under \$44,300	Over \$70,850	Over \$70,850
6	Under \$39,010	Under \$47,350	Over \$75,750	Over \$75,750
7	Under \$43,430	Under \$50,400	Over \$80,600	Over \$80,600
8				

Name of Participating Child(ren):

1. _____
2. _____
3. _____
4. _____

Food Stamp Case Number: _____ or FIP Case Number: _____

RACE:

Single Race:

- White Black/African American Asian American Indian or Alaskan Native
 Native Hawaiian/Other Pacific Islander

Multi-Race:

- American Indian/Alaskan Native & White Asian & White Black/African American & White
 American Indian/Alaskan Native & Black/African American Other Multi-Race

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both."

Signature of Adult Household Member

Print Name of Household Member

Street Address

City, State

Zip Code

Phone Number (including area code)