



Inspiring all girls to be strong, smart, and bold

# Girls Inc. of Greater Santa Barbara Financial Assistance Application Aplicación de Asistencia Financiera

## CONFIDENTIAL INFORMATION / INFORMACION CONFIDENCIAL

Child's Name(s)/Nombre de niño(s): \_\_\_\_\_

Date of Birth/Fecha de Nacimiento: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age/Edad: \_\_\_\_\_

School/Escuela: \_\_\_\_\_ Grade/Grado: \_\_\_\_\_

Parent/Guardian/Padre/Guardián: \_\_\_\_\_ Phone/Teléfono 1: \_\_\_\_\_

# Adults in the home/Adultos en casa: \_\_\_\_\_ # children/dependants in the home/ Niños/dependientes en casa: \_\_\_\_\_

# of adults contributing to your household income/Adultos contribuyen a los ingresos del hogar? \_\_\_\_\_

Application will not be processed unless complete income information and financial documentation for each contributing adult is provided **(2 recent paycheck stubs from current employer, a copy of the latest tax return filed and a copy of all other relevant financial documents (i.e. TANF, Child Support, Unemployment, etc.))**

La aplicación no se procesará a menos que se proporcione información completa sobre ingresos y documentación financiera para cada adulto contribuyente **(Los últimos 2 talones de cheques de su empleo, copias de su última declaración de ingresos, copias de otros documentos financieros (i.e. TANF, Child Support, Desempleo, etc.))**

### Income Information:

Include relevant income information for **all adults** contributing to this child's welfare.

Salary, wages and tips (monthly gross income)	_____
Prior Year Adj. Gross Income (taxes filed)	_____
Workers Compensation/Unemployment	_____
Child Support Payments (monthly)	_____
Social Security Payments (monthly)	_____
Financial Aid (if student)	_____
Other	_____
<b>TOTAL</b>	_____

I declare that the above information is correct to the best of my knowledge and that I will inform Girls Inc. of Greater Santa Barbara if any of the above information changes \_\_\_\_\_ (parent/guardian initials)

Declaro que la información anterior es correcta a lo mejor de mi conocimiento y que informaré a Girls Inc. de Greater Santa Barbara si la información anterior cambia \_\_\_\_\_ (iniciales de padre/guardián)

## OFFICE USE ONLY / USO DE OFICINA SOLAMENTE

Date application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Most recent level awarded: Year: \_\_\_\_\_ Level: \_\_\_\_\_

Tier: \_\_\_\_\_ Rate: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_