Boys and Girls Club
Community Development Block Grant Scholarship Program
Pre-Application

The Boys and Girls Club Scholarship Program is funded by the Massachusetts Department of Housing and Community Development. The program will provide financial assistance for daycare to low and moderate-income Salisbury residents. If you think you might be interested in such a program and you are a Salisbury resident, please complete the questionnaire below. Please make sure all information is accurate. All information is confidential.

Please complete this form and return it to the Boys and Girls Club, 18 Maple Street Salisbury, MA 01952 or Town of Salisbury, Department of Planning & Development, 5 Beach Road, Salisbury, MA 01952

1. Parents Name_____
2. Child(ren)'s name(s)/Age(s) _____
   _____
3. Telephone_____
4. Email address_____
5. Your mailing address_____
6. Property address (if different) _____
7. Do you own or rent? OWN / RENT
8. Have you participated in Boys and Girls Club Programs in the past? YES / NO
   If yes where? Salisbury/Another Club
9. Do you have transportation? YES / NO
10. What type of scholarship are you interested in? PARTIAL / FULL
11. If you don't receive a scholarship will you still be able to attend the program? YES / NO
11. Are you employed or actively seeking employment? YES / NO
12. Please check whether your total income is above or below the income range listed next to your household size. (Include all earning such as wages, Social Security, pensions, child support, interest, etc.)

Household Size	**Income Range**		
	Under	Between	Over
2 people under_____	41,400	_____62,550	Over____
3 people under_____	46,550	_____70,350	Over____
4 people under_____	51,700	_____78,150	Over____
5 people under_____	55,850	_____84,450	Over____
6 people under_____	60,000	_____90,700	Over____
7 people under_____	64,150	_____96,950	Over
8 people under_____	68,250	_____103,200	Over____

13. What programs are you interested in? (Check all that apply.)

_____ $25.00 Yearly Membership which includes after school program
_____ December Vacation
_____ February Vacation
_____ April Vacation
_____ Summer Program

If you have questions please contact: Lisa Beaulieu 978-463-2262, Terri Mahoney 978-463-2263 Kathaleen Webber 978-462-7003

Boys and Girls Club
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Date Received _____
Application Number _____

Application for Assistance

Parent or Guardian Data

Name(s): _____ Social Security Number: _____
_____ Social Security Number: _____

Address: _____

Email Address: _____

Phone: _____ (home) _____ (work)

Residents in household:

	Name	Social Security No.	Relationship to Applicant	Age	Occupation
1.					
2.					
3.					
4.					
5.					
6.					
7.					

What programs are you interested in?
Yearly Membership_____ December Vacation_____ February Vacation_____
April Vacation_____ Summer_____ ½ Days_____ No school days_____
Other (specify) _____
How much can you afford to pay per week for summer camp? _____ (must be fill out to be approved for summer camp)

Note: The information below is obtained for statistical purposes only. Data will not be considered by Local, State, or Federal officials in determining eligibility for financial assistance.

The Applicant is: (Check all that apply)

___ White (non minority)
___ Native American
___ Hispanic
___ Black/African American
___ Asian
___ Handicapped
___ Female Head of Household
___ Other

Do you own or rent? _____own _____rent

Assets / Bank Accounts
(Include Money Market Accounts, Certificates of Deposit, Checking and Savings)

Name of Bank/Credit Union	Type of Account	Account No.	Balance

Complete the following table of monthly income for all persons 18 years of age and older living in the property to be rehabilitated and who are not full time students. All figures should represent annual income based on current sources. If additional space is needed, please use additional paper and attach it to this application. **Note: Please provide all back up documentation listed in the attached checklist.

Name			
Employer			
Employer Address			
Employer Phone			

Employment Income			
Overtime			
Bonuses			
Child Support			
Commissions			
Dividends/Interest			
Net Rental Income			
Alimony			
Unemployment Benefits			
Social Security			
AFDC			
Veterans Benefits			
Retirement/Pension			
Worker's Compensation			
Other			
TOTAL INCOME			

Assets-

Indicate below assets owned (for each household member).

		Yes	No
1.	Does anyone in the household own other real estate, boat, or mobile home?	____	____
2.	Has anyone in the household sold other real estate within the last two years?	____	____
3.	Does anyone in the household own stocks, bonds, Or investment portfolio?	____	____
4.	Does anyone in the household receive financial assistance for bills or in the form of cash from any person(s) outside the household?	____	____
5.	Has anyone in the household ever used any name(s) or social security number(s) other than those indicated in Section I of this application?	____	____

If you answered **Yes** for any of the questions above, explain and list value:

_____

_____

_____

Other Assets (explain)	Market Value
_____	_____
_____	_____

DEBT

Mortgage or Rent Monthly Payment_____

(Credit Cards, Loans, etc.)

Company	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Are you a municipal employee or locally appointed official? Yes ____ No _____
   Do you work as a consultant or agent to the community? Yes ____ No ____
   Do you work for another agency that administers CDBG for the community?
   Yes ___ No ____
   a. If so, your position title: _____
   b. Department:_____
   c. How did you hear about the program? _____

CERTIFICATION BY APPLICANTS

The applicant certifies that all information contained in this application is true to the best of his/her knowledge and belief. That all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the SHRP. This information is true and complete to the best of the applicant's knowledge and belief. Willful misrepresentation of the information provided herein may be grounds for denial of participation in the SHRP.
Verification of any of the information contained in this application may be obtained from any source named herein.

Falsification of any information provided to the Town may result in termination of the application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.G. Title 18, Section 1001 provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statements or representation, 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 $10,000.00 or imprisoned not more than five (5) years, or both."

I SIGN THIS DOCUMENT WILLINGLY AND UNDER NO DURESS.

Date _____ Applicant Signature _____
Date _____ Co - Applicant Signature _____

All adult members of the Households on the property must sign the application. Income information will be kept confidential.

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AUTHORIZATION FOR RELEASE

I hereby authorize the SBGP to request and receive verification of my income including employment, assets, social security, public assistance, pension benefits and for other income sources.

Signature(s) Date

_____ _____

_____ _____

_____ _____

DOCUMENTATION CHECKLIST FOR THE CDBG PROGRAM:

The CDBG Program is funded with federal funds, distributed by the State, and administered by the Town. The intention of the CDBG program in general is to serve low and moderate-income clients. In order to prove that we have done so, we need to comply with HUD Federal Guidelines and State Guidelines to document the income of **all residents residing in the household receiving assistance through this CDBG Program.** Please review the following requirements and **provide the items as soon as possible**

INCOME FROM EMPLOYMENT:

☐ **An Employment Verification Form** (s) completed and returned by each Employer for each household member over 18 years of age (unless a full time student)

OR

☐ **Copies of pay stubs** from each household member on all income indicating gross earnings for the **last 8 weeks**.

☐ Documentation from school for full time students over the age of 18.

INCOME FROM BENEFITS

Please sign the appropriate income verification forms enclosed and return them to me for processing. If the appropriate forms are not enclosed, please call and request the appropriate form.

☐ Unemployment Benefits

☐ Social Security Benefits

☐ Transitional Assistance Benefits

☐ Retirement or Pension Benefits

INCOME FROM OTHER SOURCES

INTEREST INCOME

☐ Copies of checking account bank statement for two months (8 weeks)

☐ Copies of up to date savings book or bank letter on interest earned for last 2 months.

DIVIDEND INCOME:

☐ Copies of dividend checks, stubs, or statements indicating the amount and frequency of dividend payments

RENTAL INCOME:

☐ Copies of 2 months of Rent Checks or a copy of lease indicating amount and frequency of rent

CHILD SUPPORT / ALIMONY INCOME:

☐ Copies of 8 weeks of Child Support / Alimony **Check Stubs**

☐ A copy of the current **Court Order** indicating the amount and frequency

☐ *A copy of the current **Court Order** indicating custody

INCOME FROM TIPS:

☐ A signed Affidavit attesting to the average weekly earnings from tips

RETIREMENT:

☐ Copies of 401K, IRA, Retirement (or similar) statements.

FEDERAL TAX RETURN **Unless you do not file taxes, a copy of your latest federal tax return is required for income qualification under this program.**

☐ **Either** a copy of the latest Federal Tax Return filed for each member of the household filing taxes is required; **or**

☐ **For those who do not file taxes**, a signature on an IRS form is required so that the IRS can confirm your non-filing status; **or**

☐ Some occupations require a ***certified tax return***; if a certified federal tax form is required, a signature on an IRS form is also required so that the IRS can confirm your tax information.

RETIREMENT:

☐ Copies of 401K, IRA, Retirement (or similar) statements.

BANK STATEMENTS:

☐ Copies of two months of most recent bank statements for each account