



Town of Salisbury Boys & Girls Club Scholarship Program

Date Received _____
Application Number _____

Application for Assistance

Parent or Guardian Data

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

Address: _____

Phone: _____ (home) _____ (work)

Email Address: _____ is it OK to correspond to you via email?
 Yes _____ No _____

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)

- | | |
|---|---|
| <input type="checkbox"/> White (non minority) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Handicapped |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female Head of Household |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other |

Do you own or rent? _____ own _____ rent

Assets / Bank Accounts

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

<u>Name of Bank/Credit Union</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

<u>Other Assets (explain)</u>	<u>Market Value</u>
_____	_____
_____	_____

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.

**Boys and Girls Club
Community Development Block Grant Scholarship Program**

AUTHORIZATION FOR RELEASE

I hereby authorize the ASBGP 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:

- Copies of pay stubs** from each household member on all income indicating gross earnings for the **last 8 weeks** each household member over 18 years of age (unless a full time student)

OR

- 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)
- 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

CHILD SUPPORT / ALIMONY INCOME:

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

OR

- Copies of 8 weeks of Child Support / Alimony Checks received

OR

- DOR print out of Child Support Payment History

RETIREMENT:

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

RENTAL INCOME: (Home owners only)

- Copies of 2 months of Rent Checks Received or a copy of lease indicating amount and frequency of rent received

FEDERAL TAX RETURN

- A copy of the latest Federal Tax Return filed for each member of the household filing taxes

OR

- For those who do not file taxes, Sign the attached IRS form 4506-T so that the IRS can confirm your non-filing status

BANK STATEMENTS:

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

ANNUAL STREET LISTING

- Complete and sign the attached Annual Street Listing Form

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ Request may be rejected if the form is incomplete or illegible.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Town of Salisbury Department of Planning & Development 5 Beach Road Salisbury, MA 01952

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days

7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2010, filed in 2011, will not be available from the IRS until 2012. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2017

Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved **identity theft** on your federal tax return

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
▶ Signature (see instructions)	Date
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
▶ Spouse's signature	Date

Sign Here

