

Camp Assistance Application

* Apply in 5 easy steps!

1. PARENT / GUARDIAN INFORMATION	2. LIST ALL PERSONS LIVING IN THE HOME		
Name:	NAME	DOB	RELATION
Mailing Address:	1.		
City/State/Zip:	2.		
Contact Phone:	3.		
Email (Required):	4.		
Employer:	5.		
2 nd Adult:	6.		
Employer:	7.		

3. PLEASE COMPLETE THE FOLLOWING:

Marital Status: _____

Who has custody of the child(ren)? ___
 Joint ___ Mom ___ Dad
 ___ Foster ___ Guardian

Parent/Guardian #1
 ___ Working
 ___ In School (must provide schedule)
 ___ Other

Parent/Guardian #2
 ___ Working
 ___ In School (must provide schedule)
 ___ Other

How many weeks of summer camp will your child(ren) attend? _____

Which Y location are you planning to attend?
 ___ CENTRAL 95/RANCHO
 ___ ALIANTE 215/ALIANTE

TELL US MORE..

Use this space to include additional information or extenuating circumstances that are not included on this application. Attach an additional sheet of paper if needed.

4. TO BE CONSIDERED PLEASE PROVIDE THE FOLLOWING DOCUMENTS DEPENDING ON YOUR CURRENT SITUATION

**↓ I AM SELF EMPLOYED ↓
 AND DO NOT RECEIVE FUNDS VIA MONTHLY PAYROLL**

___ 1040 Federal Tax Form(s) for all incomes in the household.
 ___ I am an individual filing jointly; I am providing ONE 1040 form.
 ___ We filed more than ONE tax form in our household; We are providing ___ 1040 forms.
 (child's Birth Certificate must be attached if they are not listed on the 1040 form).
 \$ _____
 Total Annual Household Income
 Additional Income (Proof Required)

___ I receive child support \$ _____ Monthly Amount
 ___ I receive government assistance \$ _____ Monthly Amount

(SSI, Food Stamps, TANF, etc.)

THIS APPLICATION MUST BE RENEWED EVERY YEAR PRIOR TO CAMP.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements.
 I understand that camp assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Antioch Community Services immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

**↓ I AM EMPLOYED ↓
 AND RECEIVE FUNDS VIA MONTHLY INCOME**

___ Documents showing most recent 30 days of income (including pay subs or documentation of government assistance).
 ___ Most recent tax return (child's Birth Certificate must be attached if they are not listed on the tax return).
 \$ _____ x 12 months =
 \$ _____
 Total Annual Household Income

5. _____ Date

Approved ___ Yes ___ No

Camp % Approved _____
 Admin Initials _____