



Faith4Hope Presents
After-School Matters Community Center Enrollment Application

Please fill out the below form honestly and accurately.

The Faith4Hope team reviews each application individually.

We use a sliding fee scale based on total household income and the number of household members. We require supporting documentation to verify household size and income, and we consider special circumstances when providing assistance. We understand your financial records may not contain the entire picture of your financial needs. Please include any and all information you feel is applicable to your current situation.

Parent/Guardian General Information

Parent/Guardian

First Name _____ MI. ____ Last _____

M F Birth Date ___ / ___ / ___

Address: _____ Apt: _____

City _____ State _____ Zip Code _____

Home Phone _____

E-mail Address: _____

Ethnicity: Asian African-American Hispanic Latino Caucasian Other

Your Occupation _____

Employer _____

Spouse/Guardian

First Name _____ MI. ____ Last _____

M F Birth Date ___ / ___ / ___

Ethnicity: o Asian African-American Hispanic Latino Caucasian Other

Address: _____ Apt: _____

City _____ State _____ Zip Code _____ - _____

Home Phone _____

E-mail Address: _____

Spouse/Guardian Occupation _____

Employer _____

Family Membership Information (List Last Name if Different)

<u>Dependent/Child Name</u>	<u>M/F</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>	<u>SCHOOL</u>	<u>GRADE</u>	<u>Race</u>

Race Codes: AL- American Indian/Alaska Native; AP- Asian; BL - Black/African American; HP - Native Hawaiian/ Pacific Islander; WH - White; O - Other

INCOME- Please see next page for Self- Certification

*Your agree and are required to provide Income Verification Documentation for each item with a dollar amount along with the ASM Application and Self-Certification.

Recipients are expected to be responsible for a percentage of the fees. Qualification for financial assistance for membership is reviewed annually. At the end of the form, you will be asked to include your most recent federal tax returns.

If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for verification of non-filing or go to IRS.gov for other information. If you are unemployed, draw social security, or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

* Your total taxable income for the year can be found on your most recent tax return form. It can be found on these common tax forms on the following lines: 1040 - Line 22, 1040ez - Line 6, 1040A - Line 15.

Faith4Hope After School Matters Community Center Income Self-Certification Worksheet

Household Member Name ¹	Gross Annual Income for 18 Years Old & Older	Mark (X) if you have no income	Head of Household ² ?	Race ³ (Check <u>all</u> races that apply)	Hispanic / Latino?	Disability ⁴ ?	62 Years or Older?	Are you a Fargo resident?
	\$		<input type="checkbox"/> Yes, Female <input type="checkbox"/> Yes, Male <input type="checkbox"/> No/Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, Female <input type="checkbox"/> Yes, Male <input type="checkbox"/> No/Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, Female <input type="checkbox"/> Yes, Male <input type="checkbox"/> No/Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes, Female <input type="checkbox"/> Yes, Male <input type="checkbox"/> No/Other	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Income:	\$							

1. Household Member Name: For additional household members, use back side of form.

2. Head of Household: Per the IRS definition, mark "Yes" if an unmarried male or female is paying more than half the cost of keeping up a home AND a dependent person lived in the home for more than half a year. If the dependent is a parent, he or she does not have to live in the home, but the head of household must be able to claim an exemption AND pay more than half the costs of keeping up the home that is the main home of the parent for an entire year OR more than half the costs of a rest home or home for the elderly.

3. Race and Ethnicity: Race and Ethnicity are different. Definitions currently consider Hispanic and Latino as ethnicity, rather than race. If you are Hispanic or Latino, please still select a race above and mark Hispanic/Latino in the next column.

4. Disability: Per the Fair Housing Act Section 504 definition, mark Yes for any person who has a physical or mental impairment that substantially limits one or more major life activities. The term physical or mental impairment may include, but is not limited to, conditions such as visual or hearing impairment, mobility impairment, HIV infection, developmental disabilities, drug addiction, or mental illness. The term major life activity may include, but is not limited to, seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, or working.

Annual Income includes (but is not limited to):

- | | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> • Wages before deductions (gross • Overtime/tips/bonuses/sick pay • Self-employment • Business income • Unemployment/disability | <ul style="list-style-type: none"> • Social security payments • Retirement funds/pensions • Interest/dividends/royalties • Death benefits • Regular contributions or gifts | <ul style="list-style-type: none"> • Trusts or estates • Fees/rental income • Veteran's Administration (VA) Compensation/Armed Forces • Insurance payments | <ul style="list-style-type: none"> • Worker's compensation • Alimony/child support • Public assistance payments/TANF (excluding food/housing) |
|---|---|--|--|

If you marked (X) for having no income above, you certify by signing this form that you do not receive income from any of the sources listed above. I (we) authorize the Subrecipient, City of Fargo, and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Subrecipient's program. By signing below, I (we) certify that I (we) understand this form and that it has been completed accurately.

Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdiction.

Applicant Signature: _____ Date: _____

NOTE: Race and Ethnicity info are obtained for statistical purposes only. Data will not be considered by any local or Federal official in determining the applicant's eligibility.