



**You Care. We Care. Saturdays Program  
Proof of Income Verification & Application Approval: REQUIRED**

- 1. List ALL Household Members, who are infants, children, and students up to and including grade 12.**

Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Date of Birth</b>	<b>Your Relationship with Minor</b>

- 1. Please identify the household member who would be participating in the You Care. We Care. Saturdays program.**

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- 2. Briefly describe what it would mean to your child to participate in this program.**

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**3. Are there any other challenges, other than cost, that would prevent participation in class on Saturdays from 10am-11:30am?**

(i.e. transportation, other obligations, medical concerns)

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**4. Report income for Legal Guardian and Child**

Review the chart in the section named "Qualifying Income" to be aware of Massachusetts Poverty Guidelines

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the total income received by all Household Members listed in STEP 1 here:

<b>Child Income</b>	<b>How Often: (weekly, bi-weekly, 2x month, monthly)</b>
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**B. All Adult Household Members (including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

<b>Name of Household Members:</b> (first and last)	<b>Earnings From Work:</b> (In Dollar amount, no cents)	<b>How Often:</b> Weekly, Bi-Weekly, 2x Month, Monthly


**Listing of all other incomes:** (public assistance, child support, alimony, pensions, retirement)

<b>Name of Household Members:</b> (first and last)	<b>Earnings From Other Income:</b> (In Dollar amount, no cents)	<b>How Often:</b> Weekly, Bi-Weekly 2x Month, Monthly

**5. Contact Information and Adult Signature:**

“I certify (promise) that all this application is true and that all income is reported. I understand that this information is given in connection with the receipt of free martial arts programming for my child through You Care. We Care. and that the organization may verify (check) the information. I am aware that if I purposely give false information, my children may be removed from the program.

Street Address, Apt #:

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City, State, Zipcode:

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Daytime phone number (optional):

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Printed name of the adult signing the form:

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Signature of adult:

Today's Date:

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## Qualifying Income:

Annual Household Income Limits (before taxes)

\*For households with more than eight people, add \$8,399 per additional person.

To be eligible, you must have an annual household income (before taxes) that is below the following amounts:

1	\$23,828
2	\$32,227
3	\$40,626
4	\$49,025
5	\$57,424
6	\$64,823
7	\$74,222
8	\$82,621

Sources of Income for Children:

Sources of Child Income:	Example(s):
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social security - Disability Payments - Survivor's Benefits	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from a person outside the household	- A friend or extended family member regularly give a child spending money

- Income from any other sources	- A child receives a regular income from a private pension fund, annuity, or trust
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Sources fo Income for Adults:

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> <li>- Salary, wages, cash bonuses</li> <li>- Net income from self-employment (farm or business)</li> </ul>	<ul style="list-style-type: none"> <li>- Unemployment Benefits</li> <li>- Workers Compensation</li> <li>- Supplembental Security INcome (SSI)</li> <li>- Cash assistance from State or local government</li> <li>- Alimony payments</li> <li>- Child support payments</li> <li>- Verteran's benefits</li> <li>- Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>- Social Security</li> <li>- Private pensions or disability benefits</li> <li>- Regular income from trusts or estates</li> <li>- Annuities</li> <li>- Investment Income</li> <li>- Earned interset</li> <li>- Rental income</li> <li>- Regular cash payments from outside household.</li> </ul>