



CARE SUPPORT APPLICATION

APPLICATION DEADLINE: 1 MONTH

APPLICANT(S) INFORMATION: (please print)

Name: _____ Date of Birth ____/____/____

Phone: _____ Cell: _____ Employer _____

Mailing address: _____

Other income earning family members in household:

(please include proof of income for this person(s) also)

Name: _____ Relation: _____

Phone: _____ Cell: _____ Employer: _____

Please attach all financial documents corresponding with the income you list
(Please attach one check stub for each job and also unemployment compensation)

If your work is seasonal, what is your average monthly income during:

High Season: \$ _____ How many months/year are high season for you? _____

Low Season: \$ _____ How many months/year are low season for you? _____

Other financial support : _____

You **MUST** include cash tips, bonuses, alimony, child support, government assistance, and any other income/assistance from any source.

Dependants:

Number of family members, including yourself, being supported: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

Name: _____ DOB: ____/____/____ Relation: _____

PLEASE SIGN AND DATE:

"I _____ attest under penalty of perjury that the
aforementioned information is complete and correct.

Signature: _____ Date: _____