

ESSENTIAL CHILD CARE ASSISTANCE PROGRAM

Required Documentation

City of Baytown is providing child care assistance to essential workers of the COVID-19 pandemic. The following is a general list of eligibility requirements. Applicants must provide copies of the following documents and meet the income eligibility requirements:

Both applicants must sign the application and provide the documents listed below.

<input type="checkbox"/> Identification <i>The applicant must prove his/her identity.</i>	<input type="checkbox"/> Valid ID reflecting the address for which the applicant is seeking assistance.
<input type="checkbox"/> Baytown Residency <i>Only residents that reside within city limits can be served with CDBG-CV funds.</i>	<input type="checkbox"/> Current residential lease or mortgage statement listing applicant(s) as lessee/owner; OR <input type="checkbox"/> Current utility bills listing applicant(s) as customer (gas, electric and water).
<input type="checkbox"/> Current employment and employer	<input type="checkbox"/> Payroll records (must include time frame two months prior to application date) showing current employment at the time of application.
<input type="checkbox"/> Evidence of legal custody of child	<input type="checkbox"/> Copy of the child's birth certificate listing you as the only parent. <input type="checkbox"/> Copy of the adoption decree listing the applicant as the only parent. <input type="checkbox"/> Copy of court documents assigning legal custody of child.
<input type="checkbox"/> Income Eligibility <i>Federal and State income guidelines serve primarily low - income residents earning less than 80% Area Median Income (\$4,204.17 per month for a household of 1) and with limited assets.</i>	<input type="checkbox"/> Bank statements (two months prior to application date). <input type="checkbox"/> Verification of other income received (Social Security Administration, child support, SNAP, pension, etc., if applicable). <input type="checkbox"/> Most recent tax return.
<input type="checkbox"/> Child Care Provider Requirements <i>The child care provider must be licensed with the Texas Health and Human Services, and must become a registered City of Baytown vender.</i>	<input type="checkbox"/> Completed City of Baytown Vender Setup Form that is signed by authorized personnel of the child care provider. <input type="checkbox"/> Form W-9 to provide the correct Taxpayer Identification Number (TIN). <input type="checkbox"/> Verification of license with the Texas Health and Human Services.

Complete application packages include all the items Applicants are required to submit. To schedule a phone appointment prior to submittal please call the number provided below. Program staff will not accept incomplete application packages. Submit completed applications with required documentation to CDBG@baytown.org

**Additional documents may be needed to determine your eligibility for financial assistance*

For more information, call City of Baytown - Community
Development at
281.420-5390 or 281.420.5398

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APPLICATION

IMPORTANT: Some information in this application is strictly confidential and will not be released to persons outside of the program without written consent from the applicant. Information is requested to establish eligibility and for federal reporting requirements.

Section I: Applicant/Head of Household Information (completed by the APPLICANT)

Name _____	_____	_____	_____
	Last	First	Middle Initial
Current Address _____			

	City	State	Zip
Home Phone _____	Work Phone _____		
Email Address _____			
Driver's License No. _____	Date of Birth _____		

Section II: Co-Applicant (completed by the APPLICANT)

Name _____	_____	_____	_____
	Last	First	Middle Initial
Current Address _____			

	City	State	Zip
Home Phone _____	Work Phone _____		
Email Address _____			
Driver's License No. _____	Date of Birth _____		
Relationship to Applicant _____			

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Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of Years with Employer _____
Co-Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of years with employer _____

Section IV: Household Members (completed by APPLICANT)

<u>Total</u> number of persons in the household _____	(# of Adults _____, # of children _____)
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Section V: Child Care Provider

Child Care Facility Name: _____	Contact Person: _____
Child Care Facility Address: _____	City _____ State _____ Zip _____
Phone Number: _____	Email: _____
Type of Child Care:	Center Home-Based

ESSENTIAL CHILD CARE ASSISTANCE PROGRAM

CERTIFICATION

I (We) hereby submit the information contained in the attached Application, tax returns, and other furnished documents to be considered for the Essential Child Care Assistance Program. Under penalty of law, I certify my primary residence is located at:

_____ Baytown, TX, Zip: _____.

The information contained in all required and signed program-related documents being submitted is true and correct.

I further certify that:

1. Neither I nor the Co-Applicant have received child care assistance from another entity
2. The house/apartment I (we) reside in is located within the Baytown city limits
3. The following is a list of all persons, including myself, who occupy the home:

Name	Age	Relationship	Gross Mo. Income
		SELF	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

DECLARATION OF BENEFITS STATEMENT

I (we) understand that:

1. Households may earn no more than 80% of median family income for Baytown.
2. Household must disclose all sources of income and assistance provided by other organizations at the time of application.
3. Household must furnish proof of all household expenses in order to demonstrate a gap in income
4. My signature below certifies that all the information contained in this application is true to the best of my knowledge & I understand that if I receive child care assistance from another state, federal, or local source, I must repay part or all of the assistance provided to me by City of Baytown.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Community Development Block Grant
Income Certification

Federally funded Community Development Block Program (CDBG) participants must disclose family income information and documentation. The information on this application is necessary for federal reporting purposes.

Source of Income	Yes/No	Documentation <i>If yes, please indicate the source of documentation used to verify this information.</i>
Salary, Wages, Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll records (must include time frame two months prior to application date) showing current employment at the time of application.
Self-employed Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Account records; or <input type="checkbox"/> Most current quarterly income tax return
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award/benefit letter; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Two most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the current benefit; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Printout from HHS verifying benefit
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the current benefit; or <input type="checkbox"/> Printout from HHS verifying benefit
SNAP (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly or monthly check; or <input type="checkbox"/> Court decree establishing payments; or <input type="checkbox"/> Affidavit of child support
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest & Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bank statement showing last 12 months of interest; or <input type="checkbox"/> Investment statements indicating the amount of dividends earned
Other Sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe:

Certification: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government.

By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.

Applicant/Head of Household

Date

Co-Applicant, if applicable

Date

Demographic Information Certification Form Community Development Block Grant

Federally funded Community Development Block Program (CDBG) participants must disclose demographic information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

Applicant Name _____	Date of Birth _____
Co-Applicant Name _____	Date of Birth _____
Street Address _____	City _____ Zip code _____
Phone Number _____	e-mail (Optional) _____

Gender Female Male

Which best describes your ethnicity? (Check one)

- Hispanic/Latino Non-Hispanic/Latino

Which best describes your race? (Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Amer. Indian/Alaskan Nat. <u>and</u> Black/African American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native <u>and</u> White | <input type="checkbox"/> Other/Multiracial |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian <u>and</u> White | |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American <u>and</u> White | |

Family Income

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

Family Income Table* (below)

1. FIRST circle the number of persons in your household
2. THEN go across and circle your household annual Income Category

Household Size	Income Bracket 1	Income Bracket 2	Income Bracket 3
1 Person	\$0-\$16,650	\$16,651-\$27,750	\$27,751-\$44,350
2 Person	\$0-\$19,000	\$19,001-\$31,700	\$31,701-\$50,700
3 Person	\$0-\$21,960	\$21,961-\$35,650	\$35,651-\$57,050
4 Person	\$0-\$26,500	\$26,501-\$39,600	\$39,601-\$63,350
5 Person	\$0-\$31,040	\$31,041-\$42,800	\$42,801-\$68,450
6 Person	\$0-\$35,580	\$35,581-\$45,950	\$45,951-\$73,500
7 Person	\$0-\$40,120	\$40,121-\$49,150	\$49,151-\$78,600
8 Person	\$0-\$44,660	\$44,661-\$52,300	\$52,301-\$83,650

*Effective April 22, 2021

Female Head of Household: Yes No

Family Size = Children (0-17 years of age) _____ + Adults (18+ years of age) _____

Total: _____

Certification: (Please read before signing)

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By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.

Applicant/Head of Household	Date
Co-Applicant, if applicable	Date