



TROY YOUTH ASSISTANCE

4420 Livernois
Troy, MI 48098

APPLICATION FOR FINANCIAL ASSISTANCE 2018

PLEASE NOTE: If the application is to be considered, it is necessary that all information be as accurate and specific as possible.

Name of Child _____ Age _____

School _____ Grade _____

Name of Parent(s) or Guardian _____

Street Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____ Parent Occupation(s) _____

THE FOLLOWING INFORMATION MUST BE FILLED OUT AS COMPLETELY AS POSSIBLE:

Family Size – Circle Family Size (Including adults and children) 1 2 3 4 5 6 7 8 More than 8

If more than 8, please indicate total number in family _____

Please only include Number of Family members actually living at the above address.

The following information is needed for statistical and reporting purposes only. It is not used in any way to determine financial support from Troy youth Assistance. Please check appropriate line:

AMERICAN INDIAN _____ ASIAN _____ BLACK _____ HISPANIC _____ WHITE _____ OTHER _____

Source of Income: (Please circle one or provide explanation of Other)

Employment Public Assistance Social Security Other _____

ANNUAL FAMILY INCOME RANGE: (Include all and any income earned by all family members.)

___ Under \$19,240 ___ \$39,221-45,880

___ \$19,241–25,900 ___ \$45,881-52,540

___ \$25,901-32,560 ___ \$52,541-59,200

___ \$32,561-39,220 ___ \$59,201-65,860

Any additional information regarding income we should be aware of? _____

Camp/SkillBuilding funds designated for either camp experiences or first-time skill building activities. These funds are not to be used for outside therapy subsidies.

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Describe Activity to be funded _____

HOW LONG WILL THE CHILD BE ENGAGED IN THE ACTIVITY? Start date _____ End date _____

Number of hours per session _____ Number of days per week _____ Number of weeks _____

Total cost of the activity _____ Contribution of family _____ Dollar amount requested _____

How will this activity benefit your child? _____

Name of organization to make check payable to _____

Street Address to send check to _____

City _____ State _____ Zip Code _____

Phone Number of Agency _____ Contact Person _____

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS FORM WITH PROOF OF INCOME (1040 FEDERAL INCOME TAX OR SOCIAL SECURITY LETTER OR DHS LETTER) TO THE TROY YOUTH ASSISTANCE OFFICE:

**4420 Livernois
Troy, MI 48098**

ANY QUESTIONS, PLEASE CALL 248-823-5095

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