

**BOYS & GIRLS CLUB OF CHULA VISTA  
REQUEST FOR FINANCIAL ASSISTANCE  
APPLICATION**

- To be considered you must **ATTACH** copies of your prior year's "filed" **income tax return** for both guardians living in the residence **and Pay stubs** for two consecutive months. Any other relevant information such as **unemployment check** or **AFDC, Family Aid, alimony payment or any other child support documentation** for prior two months must be attached for application to be considered.

**PLEASE PRINT**

**INFORMATION ON CHILD MEMBER**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
**Last Name                      First Name                      MI.**

Birth date: \_\_\_\_\_ Current Member? (circle one)    YES    NO

Member lives with: (circle one)    **Mother**                      **Father**                      **Both**                      **Other (Specify)**

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**INFORMATION ON MOTHER /or LEGAL GUARDIAN:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
**Last Name                      First Name                      MI.**

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street # and Name

\_\_\_\_\_ City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Receiving Monthly Child Support: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**INFORMATION ON FATHER /or LEGAL GUARDIAN:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
**Last Name                      First Name                      MI.**

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street # and Name

\_\_\_\_\_ City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Monthly Income: \$ \_\_\_\_\_ Position: \_\_\_\_\_

Receiving Monthly Child Support: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**REQUESTED ASSISTANCE OF APPLICANT:**

**PLEASE PRINT**

Please provide me with assistance to supplement what I can pay for the following service(s) as listed below: I understand that this will be reviewed again in six months to determine continued eligibility.

Service Requested	Current Cost of Service	What I can pay for the service
Membership Fee (Branch_____)	\$ _____	\$ _____
Day Camp	\$ _____	\$ _____
Early Morning Care	\$ _____	\$ _____
P.M. Transportation	\$ _____	\$ _____

**NOTE: Only Quarterly (3 months at a time) assistance will be considered**

Total Gross Monthly Income for your household: \$ \_\_\_\_\_

**Must Include: 1. Income before any deductions, 2. AFDC Payments, 3. Child support payments, 4. Alimony payments and 5. All other forms of income**

Total Number of adults living at member's residence: # \_\_\_\_\_

Total number of minors (under 18 yrs old) living at member's residence: # \_\_\_\_\_

***I confirm that under penalty of perjury, the above information is true and correct.***

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\* FINANCIAL ASSISTANCE COMMITTEE USE ONLY \*\***

Application Reviewed by  
Assistance Committee: \_\_\_\_\_  
Date

Application Approved by \_\_\_\_\_  
Date

Applicant Notified On: \_\_\_\_\_  
Date

Date Entered into Computer ____/____/____
<u>Previous Assistance Given:</u> YES NO
Dates: _____ _____