

# Child Care Subsidy Program Application Form

**U.S. DEPARTMENT OF  
HOUSING AND URBAN DEVELOPMENT (HUD)**

Child care subsidy assistance is available to all full time or part-time HUD employees whose total family income is **\$69,999** or less and who have a child/children age **13** or under and/or a disabled child/children age **18** or under in licensed child care.

Awards are made on a first-come, first-served basis during the enrollment period. A letter will communicate the award amount and effective date. The contractor may contact the applicant to request clarification on the subsidy assistance application. The following information must be attached to the application:

1. Pay statements for the two (2) most recent pay periods for each parent or guardian;
2. A copy of the most recent Federal income tax return.
3. A completed OPM Form 1644 (April 2009), Child Care Provider Information Form, signed by the child care provider with a copy of their most recent license, proof of license, or statement of compliance with State and/or local child care regulations; and
4. A copy of the most recent SF-50, Notification of Personnel Action, to verify employment status.

Applications that are incomplete or do not contain the information listed below will not be processed and will be returned to the applicant. If the requested information is not provided, a subsidy assistance award will not be received. When more than one parent works for the Federal Government, subsidy assistance cannot be awarded for the child/children by more than one Federal agency.

<b>Mother/guardian:</b> _____ Home Phone: ( ) _____ Home Address: _____ _____ Employer's Name and Address: _____ _____ Work Phone: ( ) _____ Grade: _____
<b>Father/guardian:</b> _____ Home Phone: ( ) _____ Home Address: _____ _____ Employer's Name and Address: _____ _____ Work Phone( ) _____ Grade: _____

Application is being made for subsidy assistance for:

(If more than two children, please photocopy this page to add additional names)

**Child:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly subsidy cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled (Date of enrollment): \_\_\_\_\_

Child care provider: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

**Child:** \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Weekly subsidy cost: \_\_\_\_\_

Enrolled now? \_\_\_\_\_ Will be enrolled: Date of enrollment \_\_\_\_\_

Child care provider: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Center-based care \_\_\_\_\_ Family child care home \_\_\_\_\_

**Family Income:**

Total Adjusted Gross Family Income: \$ \_\_\_\_\_

(As reported on most recent IRS tax return; Line 33 of Form 1040 or Line 19 of 1040A)

**State/County/Local Subsidies:**

Do you currently receive any subsidy assistance from State/County/local child care subsidy funds? Yes \_\_\_ No\_\_\_ If so, from what source? \_\_\_\_\_

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

Contact person: \_\_\_\_\_

What is the weekly amount? \$ \_\_\_\_\_

List the amount and name child for whom you receive the State/County/local subsidy:

Name of child: \_\_\_\_\_ Weekly subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Weekly subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Weekly subsidy amount: \$ \_\_\_\_\_

Name of child: \_\_\_\_\_ Weekly subsidy amount: \$ \_\_\_\_\_

**I/We state that everything we have stated in this application is true and correct to the best of our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of subsidy assistance from HUD. I/We further agree to inform the contractor within 10 days if any of the above information changes. I/We understand that failure to inform the contractor of any changes in status may jeopardize our chances of receiving subsidy assistance through HUD's subsidy assistance program. If both parents work for the Federal Government, the HUD employee must complete the following:**

I, \_\_\_\_\_, certify that my spouse has not applied for a child care subsidy from his/her Federal agency.

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

Attached:

1. Pay statements for the two (2) most recent pay periods for each parent or guardian;
2. Most recent Federal income tax forms. For example, if you submit a 2008 tax return, you will be required to submit your 2009 tax return by May 1, 2010. Otherwise, you may submit your 2008 return with this application.
3. A completed OPM Form 1644 (April 2000), Child Care Provider Information Form, signed by your child care provider with a copy of their most recent license or statement of compliance with State and/or local child care regulations; and
4. A copy of your most recent SF-50, Notification of Personnel Action, to verify your employment status.

**Complete applications and attachments must be mailed to the contractor:**

**First Financial Associates  
HUD CCSP  
7079 Hayden Quarry RD  
Lithonia, GA 30038-2506  
(800) 453-8151**

#### **Privacy Act Statement**

**Public Law 106-554, Section 633 (December 21, 2000) confers regulatory authority on OPM for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers will be for identification purposes in determining eligibility for child care subsidy assistance. The primary use of information regarding family income (copies of pay slips and tax returns), name of current child care provider, copies of the provider's license, statement of compliance, and information about other child care subsidies is also used to determine eligibility for child care subsidy assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.**