

Child Care Tuition Assistance Application Form
OFFICE OF INSPECTOR GENERAL, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Tuition assistance is available to full-time or part-time employees of the Office of Inspector General (OIG) whose total family income is \$59,999 or less and who have a child or children age 13 or younger (disabled age 18 or younger) in licensed child care.

Tuition assistance is provided on a first-come, first-served basis. The OIG Child Care Tuition Assistance administrator may contact the employee to request clarification on the tuition assistance application. The administrator will inform the employee by letter of the tuition amount and effective date.

If you are interested in receiving tuition assistance for child care, you must complete this form and attach the following documents:

1. Pay statements for the two most recent pay periods for each parent or guardian;
2. A copy of your most recent federal and state income tax returns;
3. A completed OPM Form 1644 (April 2000), Child Care Provider Information Form, signed by your child care provider, with a copy of his or her most recent license, proof of 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.

If your application is incomplete, the administrator will not process it and will return it to you. You must provide all of the information requested to receive tuition assistance. If you and your spouse work for the federal government, be advised that tuition assistance cannot be awarded for your child/children by more than one federal agency.

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| <p>Mother/guardian: _____ Home Phone: (____) _____</p> <p>Home Address: _____</p> <p>_____</p> <p>Employer's Name and Address: _____</p> <p>_____</p> <p>Work Phone: (____) _____ Pay Plan and Grade: _____</p> <p>Father/guardian: _____ Home Phone: (____) _____</p> <p>Home Address: _____</p> <p>_____</p> <p>Employer's Name and Address: _____</p> <p>_____</p> |
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Work Phone() _____ Grade: _____

Application is being made for tuition assistance for:

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

Child: _____ Date of birth: _____

SSN: _____ Weekly tuition cost: _____

Enrolled now (yes or no)? _____ Will be enrolled (date of enrollment): _____

Child care provider: _____

Address: _____

Phone: () _____ Center-based care _____ Family child care home _____

Child: _____ Date of birth: _____

SSN: _____ Weekly tuition cost: _____

Enrolled now (yes or no)? _____ 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 tuition assistance from State/County/local child care subsidy funds? Yes ___ No___ If yes, 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 I/we have stated in this application is true and correct to the best of my/our knowledge. I/We understand that failure to truthfully set forth this information could result in loss of tuition assistance from the OIG. I/We further agree to inform the ADMINISTRATOR within 10 days if any of the above information changes. I/We understand that failure to inform the ADMINISTRATOR of any changes in status may jeopardize my/our chances of receiving tuition assistance through the OIG's Child Care Tuition Assistance Program. If both parents work for the federal government, the HUD OIG 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 most recent pay periods for each parent or guardian;
2. Most recent federal and state income tax forms;
3. A completed OPM Form 1644 (April 2000), Child Care Provider Information Form, signed by your child care provider, with a copy of his or her 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:

**First Financial Associates (HUD-OIG)
7079 Hayden Quarry Road
Lithonia, GA 30038**

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 tuition 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 tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.