

**Town of Westford ARPA
Afterschool and Camp
Assistance FY (2022-2023)
APPLICATION**

Thank you for your interest in applying for the ARPA Afterschool and Camp Assistance through the Recreation Department. Eligibility for this program is income and Westford residency based. The following application will help us ensure that your family qualifies.

A few things to keep in mind as you complete the application:

Applications should be hand delivered to Westford Town Hall, Health Department Attn: Brittany Nash OR emailed to bnash@westfordma.gov

- Applications are funded on a first come, first served basis. Incomplete applications will be delayed.
- Gross yearly income must be at or below 300% of the Federal Poverty Level (see chart on page 3). Income qualification is based on household size, therefore this application must include everyone living in your home (including grandparents, live-in significant others, etc.)
- Pay special attention to the attachments list at the end of the application. If you are unable to provide something listed, please get in touch with us and we'll do our best to find a solution.
- Once an application is approved, you and the Westford Recreation Department will be notified. When your child uses the After School Program or Kids Club Summer Camp, payment will be made with ARPA funds.
- Award amounts are **one free week per child** of Kids Club Summer Camp (starts June 27th, 2022) **OR \$400 per child** for Recreation Department After School Program (starts August 31st, 2022).
- This application is **confidential within the Town Departments approving and administering these funds**. The information in this application will be used to determine your family's eligibility for assistance and if required for auditing by funding entities.

If you have any questions, need assistance, require an application in another language, don't hesitate to get in touch with Brittany Nash at 978-399-2564.

- Does anyone live with you now who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No
- If either is “yes”, please explain _____

PART II: INCOME CATEGORY. *Please check as appropriate.*

- 1) **INCOME ELIGIBLE CATEGORY:** If your present gross household income falls at or below 300% of the Federal Poverty Level (see the following income eligibility chart), you may qualify as an INCOME ELIGIBLE family, and receive the assistance. Additional income information must accompany this application. *Please check the box below and refer to the attached INCOME VERIFICATION REQUIREMENTS*

INCOME ELIGIBLE

Income Eligibility Chart-300%FPL

Household Size	Gross Annual Income Limit for Household
2	\$54,930
3	\$69,090
4	\$83,250
5	\$97,410
6	\$111,570

PART III. ANNUAL INCOME TOTALS: *What is your household's gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc. for everyone over the age of 18 in the household.)* List additional adults with income of any kind on the back of this sheet.

ANNUAL INCOME

Source	Parent/Guardian	Parent/Guardian	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Pension Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART IV: CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If yes:

Department: _____ Position: _____

How did you hear about this program? _____

Note any potential conflict of interest & describe/attach resolution: _____

PART V: VOLUNTARY INFORMATION REQUESTED *Make additional copies of this form or use back of page if needed*

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

PART VI: TRUTH STATEMENT

I / We certify that all information given for the purpose of obtaining assistance under ARPA Afterschool and Summer Camp Assistance is true to the best of my/our knowledge. In addition, I give the Town of Westford permission to verify my income.

Parent/Guardian Date

Parent/Guardian Date

APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below. Income information must be compiled for every household member over 18 years of age.

Proof of Address:

___ Recent Bank Statement with applicant's name and residential address

OR

___ Recent Utility Bill with applicant's name and residential address

Income Verification:

___ 4 weeks most recent consecutive paystubs per person, per job (**Note: W-2s Not Accepted**)

OR

___ 3 months most recent consecutive family bank statements if self employed

OR

___ A letter from your employer, on company letterhead, stating annual gross wages

AND

___ If receiving benefits, such as unemployment, social security, or disability: documentation confirming amount and over what time period funds are received.

___ Household members age 18+ with NO income, will sign a no income attestation form.

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