

**Town of Westford ARPA  
Afterschool and Camp  
Assistance FY (2023-2024)  
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](mailto: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 26<sup>th</sup>, 2023) **OR \$400 per child** for Recreation Department After School Program (starts August 30<sup>th</sup>, 2023).
- 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**

<b>Household Size</b>	<b>Gross Annual Income Limit for Household</b>
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840

**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)				
<b>TOTALS</b>	\$	\$	\$	\$

**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.**

<p><b>Ethnic Category:</b> Hispanic ___ Non-Hispanic ___      <b>Sex:</b> Male ___ Female ___</p> <p><b>Race:</b> 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) ___</p> <p><b>Check if applicable:</b> U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.</p>
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<p><b>Ethnic Category:</b> Hispanic ___ Non-Hispanic ___      <b>Sex:</b> Male ___ Female ___</p> <p><b>Race:</b> 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) ___</p> <p><b>Check if applicable:</b> U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.</p>
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<p><b>Ethnic Category:</b> Hispanic ___ Non-Hispanic ___      <b>Sex:</b> Male ___ Female ___</p> <p><b>Race:</b> 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) ___</p> <p><b>Check if applicable:</b> U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.</p>
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**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.

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Parent/Guardian Date

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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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