



# Child Care Subsidy Grant Pilot Program

## 2016 APPLICATION

You may apply only in the period in which you meet eligibility requirements.

What is your Benefits Eligibility Status:       FULL TIME                       PART TIME

### **PART ONE: YOUR INFORMATION**

For full program details and eligibility requirements, please review the official guidelines at [www.swarthmore.edu/human-resources](http://www.swarthmore.edu/human-resources). Complete this application in blue or black ink. Please print clearly.

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)	DATE OF HIRE
HOME STREET ADDRESS	
CITY, STATE, ZIP	SWARTHMORE EMAIL ADDRESS
ALTERNATE E-MAIL ADDRESS	WORK PHONE
DEPARTMENT	HOME PHONE
HOUSEHOLD STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SHARE HOUSEHOLD WITH THE PARENT OF MY CHILD(REN) <input type="checkbox"/> MARRIED <input type="checkbox"/> COMPLETED AFFIDAVIT FOR DOMESTIC PARTNERSHIP	
NAME OF SPOUSE/PARTNER (LAST, FIRST, MIDDLE INITIAL)	NAME OF SPOUSE'S OR PARTNER'S EMPLOYER
IS YOUR SPOUSE/PARTNER A FULL TIME STUDENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE?

## PART TWO: ELIGIBLE CHILDREN

Information about your dependent child(ren) age 6 and younger.

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTH DATE (MM/DD/YYYY)	2015 TAX DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST 4 DIGITS OF CHILD'S SOCIAL SECURITY #
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## PART THREE: FINANCIAL INFORMATION

As part of our application process, we need to review personal information. Be assured we keep this information strictly confidential and securely stored.

If you have any questions about the documents you need to include for your household, please refer to the Human Resources website at [Swarthmore.edu/human-resources](http://Swarthmore.edu/human-resources). **If you need further assistance with how to proceed, please call the Office of Human Resources at x8397.**

Check off each of these items as you enclose them with your application.

### Applicants Tax & Pay Information

- Completed, signed copies of your previous year's tax Form 1040 or 1040A (front and back only)
- Copy of most recent pay stub
- For Custodial Parents,\* please include a copy of your filed prior year federal income tax Form 2441
- If applicable, a copy of your completed, signed prior year Schedule C, for any non-salary income reported to the IRS.
- A copy of your child's birth certificate.

**\*Custodial Parents- Per IRS Guidelines, a Custodial Parent is the parent with whom the child lived for the greater number of nights in a given year. If the child was with each parent for an equal number of nights, the custodial parent is the parent with the higher adjusted gross income.**

## Spouses or Partner's Tax & Pay Information

- If filing income taxes separately from the Applicant- Completed, signed copies of his or her prior year federal income tax Form 1040 or 1040A (front and back only)
- Completed copies of his or her statements from two (2) recent pay periods or similar information
- For those who are self-employed, a copy of his/her completed, signed prior year Schedule C

## Estimated Adjusted Gross Income

To calculate your estimated gross salary/wages, multiply your federal taxable gross wages for one pay period (as shown on your paycheck stub) by the number of pay periods in a 12-month period (For example, at Swarthmore employees paid on a biweekly basis have 26 pay periods in the year; while employees paid on a monthly basis have 12 pay periods in the year).

	FEDERAL TAXABLE GROSS WAGES PER PAY PERIOD	# OF PAY PERIODS PER YEAR	PROJECTED ADJUSTED GROSS SALARY/WAGES
<b>Swarthmore Employee</b>	\$	\$	=\$
<b>Spouse/Registered Domestic Partner</b>	\$	\$	=\$
<b>Total</b>			=\$

## READ AND SIGN

**Statement of Understanding-** By signing below, I certify that I have attached all applicable forms and other income source documents including pay stubs. I understand I must notify the Human Resources Department of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy Grant. **I understand this is a federally legislated tax program and that, as a potential grant recipient, I am responsible for understanding and complying with the IRS guidelines.** I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this program up to and including repayment to Swarthmore College of any funds awarded and/or may result in disciplinary action up to and including termination. I further agree that if I voluntarily end my employment with Swarthmore College within 6 months of receiving the Child Care Subsidy Grant, I am obligated to reimburse the College for the full amount of the subsidy.

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EMPLOYEE SIGNATURE

DATE

Mail or email this application and all required supporting documentation to:

**Human Resources Office**  
 Swarthmore College  
 500 College Avenue  
 Swarthmore, PA 19081  
[humanresources@swarthmore.edu](mailto:humanresources@swarthmore.edu)