

# ERfC Summer Escape

## Financial Assistance Form

THIS FORM MUST BE COMPLETED IF REQUESTING THE SUBSIDIZED RATE.  
FOR ENFIELD FAMILIES WHO QUALIFY FOR FREE / REDUCED MEAL INCOME LEVEL.

Name of Parent or Guardian \_\_\_\_\_

First & Last Name of Child(ren) applying for \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Number of Adults in Household \_\_\_\_\_

Email Address \_\_\_\_\_ Number of Children in Household \_\_\_\_\_

Applicant Employer(s) \_\_\_\_\_

(Write NONE if unemployed)

Does any other adult living with you contribute to household income? \_\_\_\_\_

GROSS HOUSEHOLD INCOME (BEFORE TAXES)		
	MONTHLY (Before Taxes)	YEARLY (Before Taxes)
<b>(1) INCOME</b>		
Person #1 Income from Employment	\$	\$
Person #2 Income from Employment	\$	\$
Town and/or State assistance	\$	\$
Child support	\$	\$
Other Income (Explain)	\$	\$
<b>TOTAL HOUSEHOLD INCOME</b>	<b>\$</b>	<b>\$</b>
<b>(2) EXPENSES</b>		
Rent/Mortgage (if not subsidized)	\$	\$
Total Utilities (if not subsidized)	\$	\$
Car Payment	\$	\$
Food/Household Expenses	\$	\$
Medical Debt (Not Insurance)	\$	\$
Other	\$	\$
<b>TOTAL HOUSEHOLD EXPENSES</b>	<b>\$</b>	<b>\$</b>
<b>(3) MONEY REMAINING</b>	<b>\$</b>	<b>\$</b>
<b>(4) DO YOU RECEIVE FOOD STAMPS?</b>	Yes No	

**2018 Subsidized Rate: \$75 each week**  
Subsidy does not apply to extended day fees.

**Complete section #1:**  
Proof of income required to confirm subsidized rate.

**Sections #2 - #4:**  
Use sections 2 - 4 for additional proof of need.

**Please enclose one month's recent paystubs from ALL jobs OR last year's W2s with the SS# blacked out.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



Educational Resources for Children, Inc.

119B Post Rd., Enfield, CT 06082  
Phone: 860-253-9935 • Fax: 1-860-215-8113  
Web Site: [www.ercinc.org](http://www.ercinc.org)

