

ARPA Program Application GY 22-24

I am applying for: Academies for Early Learning Afterschool Program/Summer Camp

YWCA AEL / Camp / Elementary: _____

Client Last Name: _____ Client First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

List the names and dates of birth for all dependents enrolling in the program:

Name: _____ DOB: ____/____/____ Relationship: _____

Name: _____ DOB: ____/____/____ Relationship: _____

Name: _____ DOB: ____/____/____ Relationship: _____

Name: _____ DOB: ____/____/____ Relationship: _____

To prove eligibility for this grant please provide the following documentation:

Proof of Residency within El Paso City Limits

- A copy of driver license (If ID is not from El Paso provide one of the following documents)
 - Utility bill or lease agreement under applicant's name
 - Residence acknowledgment form (If Applicable)

Proof of Income

- 2022 1040 Tax Return Form (Preferred) or 2021 1040 Tax Return Form
- Most recent paystubs for the past 3 months for **ALL** income earning household members
 - Monthly – 3 Paystubs
 - Bi-Weekly – 6 Paystubs
 - Weekly – 12 Paystubs
- Any other income for the household (e.g. Social Security, Retirement): _____

Client/ Legal Guardian Signature

Date Submitted

FOR OFFICE USE ONLY	
CRA/ Director Signature:	
1. _____ (Print)	_____ (Sign)
Customer Service/ Director	
AEL/SA Weekly Program Fee: \$ _____	
Grant Coordinator:	
Date Approved: _____	Approved by: _____
Start Date: _____	Subsidy End Date: Until Availability of Funding no later than 12/14/ 2024

ARPA Program Eligibility Form GY 22-24

Number of family members living in your household (please check one):

1 2 3 4 5 6 7 8 More than 8: _____

Please provide your combined household current annual gross family income for the year: \$ _____

List ALL members of Household, including self, living at address: Please list employers or other sources of income (for example, income received from VA, Social Security, retirement benefits or child support payments)

1. Name	Employer/Income Source
Income Amount / Payment Frequency	Relationship to Participant
2. Name	Employer/Income Source
Income Amount / Payment Frequency	Relationship to Participant
3. Name	Employer/Income Source
Income Amount / Payment Frequency	Relationship to Participant
4. Name	Employer/Income Source
Income Amount / Payment Frequency	Relationship to Participant
5. Name	Employer/Income Source
Income Amount / Payment Frequency	Relationship to Participant

Is the client disabled? Yes No

Is the client a Veteran? Yes No

Is the client Active Duty? Yes No

Is this a female headed household? Yes No

Ethnicity –

Hispanic Non-Hispanic

Race –

White

Black/African American

Asian

American Indian/ Alaskan Native

American Indian/ Alaskan Native and Black

Other Multi-racial

Native Hawaiian/ Other Pacific Islander

American Indian/ Alaskan Native and White

Asian and White

Black/African American and White

Asian and Black/African American

Other: _____

ARPA Program Acknowledgement Form GY 22-24

I hereby certify that all information within this certification is true and correct to the best of my knowledge. I understand that I am applying for federal assistance intended to benefit those impacted by the COVID-19 pandemic and attest that I and /or my household has been affected by the COVID-19 pandemic. My signature below additionally provides authorization for The City of El Paso, U.S. Department of Treasury ARPA, and their employees to review the information contained in this form.

Applicant/ Legal Guardian Print Name

Applicant/ Legal Guardian Signature

Date Submitted

****FOR OFFICE USE ONLY****

- Household income is at or below 300% of the Federal Poverty Guidelines
- Household resides within El Paso City Limits

Grant Coordinator

Date