

## Prime Time Application for Reduced Child Care

**\*\*Please Note\*\* you must be employed to apply for reduced childcare.** To apply for the reduced childcare program, carefully complete, sign and return this application to the Prime Time Office. No child will be discriminated against because of race, handicap, national origin, sex religion or age.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Parent/Legal Custodian Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Home Telephone#: \_\_\_\_\_ Work#: \_\_\_\_\_

### **FAILURE TO PROVIDE REQUIRED PAPERWORK WILL RESULT IN DELAYED PROCESSING OF THIS FORM**

**Instructions:**

1. List **ALL** household members residing in your home. Be sure to include yourself.
2. Beside each household member's name place his or her age and their social security number.
3. List **ALL** income received beside the person who receives the income. List the **GROSS** income before taxes and social security are deducted. **You must submit 6 months of wage statements to verify this amount.**
4. If you are receiving AFDC, Food Stamps, Housing Allowance, Pension, Retirement, Disability or any other income you must list it as earned income under **OTHER** and attach written proof to verify the amount.
5. **CHILD SUPPORT** must be listed under **OTHER** and a copy of divorce/separation agreement listing amount of support must be included with this application. **CHILD SUPPORT MUST BE LISTED WHETHER RECEIVED OR NOT.**
6. Please provide proof of your address. You must submit a copy of your lease as well as a current utility bill. **Please note\*\*if the home is in someone else's name their information must be listed and proof other their residence will be needed. Failure to provide this information will result in your application automatically being denied.**
7. Submit your last income tax from. (If you need your originals back, please submit copies only)

HOUSEHOLD MEMBERS	AGE	SOCIAL SECURITY NUMBER	WAGES INCOME			OTHER INCOME	
			WEEKLY	2 WEEKS	MONTHLY	AMOUNT	TYPE

I understand that all of the above information is true and correct and that all income is reported. Any incorrect information will be grounds for termination of reduced fees if awarded.

Prime Time  
 1114 Gillespie Street  
 Fayetteville, NC 28306

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date