

**Township of Plainsboro
Scholarship Assistance Program**

funded by the
HUD Community Development Block Grant

Application Packet
2015

Important Information Read Before Beginning Application

Eligibility Requirements

Applicant must be a resident of Plainsboro Township.

Applicant must be income eligible for low or very low family income level according to HUD guidelines (see Financial Assistance Program Application Form, page 14).

Applicant must apply funds to one or more of the following programs:

- Plainsboro 2015 Summer Camp (Lenape and Pre-K)
- WWPCE Before/After Camp Care for Plainsboro Camp 2015
- WWPCE Extended Day Program, School Year 2015-2016
- WWPCE Kindergarten Extension Program, School Year 2015-2016

If any of the above eligibility requirements do not apply to you, do not continue. You will not qualify for financial assistance.

Application Requirements

Applications must be submitted to the Plainsboro Recreation Department by **4:00 p.m. on Friday, May 15, 2015.**

Only complete applications, with **all** required documentation, certifications, and signatures, will be accepted for consideration. A checklist is included in the packet, which must be checked off and signed.

It is the applicant's responsibility to obtain notary signatures and make copies of application documents **prior** to submitting the packet to the Recreation and Community Services Department. The Recreation and Community Services Department does not provide these services. Photocopy machines are available for public use in the Plainsboro Township library.

Eligible programs and procedures:

PLAINSBORO 2015 SUMMER CAMP (LENAPE AND PRE-K)

Plainsboro Recreation and Community Services Department

641 Plainsboro Road, Plainsboro, NJ 08536

609-799-0909 x1719

A non-refundable financial assistance application fee of \$25 per family is required and must be paid and submitted with your completed financial assistance application. Applications must be accompanied by cash, money order or check made payable to: **Township of Plainsboro**. Once your financial assistance application is received; a space will be reserved for your child/children if you select assistance for Plainsboro Township summer camp on page 13 of the application. Upon approval and after you receive your financial assistance award you will then need to register your child in person at the Recreation and Cultural Center M-F 8:30 a.m. – 4:30 p.m.

WWPCE BEFORE/AFTER CAMP FOR PLAINSBORO SUMMER CAMP 2015 and WWPCE EXTENDED DAY PROGRAM 2015-2016 and WWPCE KINDERGARTEN EXTENSION PROGRAM 2015-2016

West Windsor-Plainsboro Community Education (WWPCE)

75 Grovers Mill Road

Plainsboro, NJ 08536

609-716-5030, ext. 5024

The parent/guardian must **first** enroll their child/children in the desired programs with the program provider. Your financial assistance application does not need to be completed at time of registration. Register early. Submitting the attached application for HUD financial assistance is **separate** from registering for one of these eligible programs. **DO NOT** enclose program registration forms with your financial assistance application.

Contact WWPCE for Before/After Camp, Extended Day, and Kindergarten Extension program registration information. This information can also be found online at **http://www.west-windsor-plainsboro.k12.nj.us/departments/Community_Education/extended_day_program**.

If you are awarded financial assistance, it may cover only a portion of the program fees; you will be responsible for the balance due and payment must be coordinated with the program provider. If you are denied financial assistance due to ineligibility, you will have a grace period to work out payment with the program provider or withdraw from the program(s).

If you have not done so already, file your 2014 income tax return with the IRS as soon as possible. Once the IRS has received your tax return, immediately contact them to request a *transcript* of your 2014 income tax return (see the *Filing Requirements Checklist* for detailed instructions). As part of the application process, you must submit an **IRS transcript** for you and all other members of your household earning income. **A copy of your income tax return(s) is insufficient documentation.**

- **Complete, sign and date the *Financial Assistance Program Application* enclosed in this packet.** If your child/children are enrolled in more than one program, the financial assistance will be applied to the eligible programs in the following order – if there is a balance that can be applied to more than one program and unless otherwise noted by you:
 - 1) Plainsboro Summer Camp
 - 2) WWPCE Before/After Camp
 - 3) WWPCE Extended Day/Kindergarten Extension programs
- **Complete and sign the *Filing Requirements Checklist*** to ensure that you are providing all required documentation with the application.
- **Applications will not be fully reviewed until after the May 15, 2015 submission deadline.**
- If you have any questions regarding this process or to review the application requirements you may call 609-799-0909, ext. 1719. You may also schedule an appointment to meet with the Grant Coordinator.
- A non-refundable \$25 per family application fee is required when you submit your financial assistance application. The office accepts checks made payable to Plainsboro Township, money orders or cash (exact change is appreciated) weekdays between 8:30-4:30. Credit cards are not accepted.
- Once you have completed, signed, and dated the application, including the *Filing Requirements Checklist*, and produced all required documentation, you are ready to submit the application, checklist and documentation. **Financial Assistance applications and the non-refundable application fee must be received no later than Friday, May 15, 2015 by 4:00 p.m.**

The amount of financial assistance available for each child varies with the number of qualified applicants per year. The total amount of financial assistance available will be divided evenly among the qualified applicants; therefore, each eligible child will be able to receive assistance.

If you are granted financial assistance, it will likely cover only a portion of the program fees; you are responsible for the balance due. Payment for the balance due must be coordinated with the program provider.

Once your application has been reviewed and, if approved, you will receive email/written confirmation of the amount of financial assistance your child/children will receive. You must acknowledge confirmation of this email to receive the award. The financial assistance will be paid directly to the program provider.

If you are denied financial assistance due to ineligibility, failure to submit required documentation, or failure to fulfill requirements of a previous financial assistance award (including unpaid balances), you will be notified in writing.

COMMON MISTAKES THAT MAY RESULT IN DENIAL OF ASSISTANCE

I submitted a copy of my 2014 income tax return instead of an IRS transcript.

An official **IRS transcript** of your 2014 income tax return is required documentation. See the *Filing Requirements Checklist* for instructions on obtaining an IRS transcript. A copy of your 2014 income tax return alone is insufficient documentation. If you are unable to obtain an IRS transcript by the application deadline, you may submit a copy of your 2014 income tax return until the IRS transcript becomes available; however, **your application will not be fully processed until the IRS transcript is received.**

I did not include all sources of household income.

You must disclose **ALL** sources of household income, including the income of all household members who are occupants of one address (they do not need to be related to you or your child), as well as non-occupants of your household who also contribute to your household income.

I did not submit all requested documentation as outlined on the *Filing Requirements Checklist*.

You will be notified **only once** of missing documentation if your application is received prior to the application deadline. If documentation is still missing after being notified, you will be denied financial assistance.

I did not register for the WWPCE Before/After Camp Care and/or WWPCE Extended Day/Kindergarten Extension Programs with the program providers before submitting an application for financial assistance.

Program registration is a separate process from applying for financial assistance. It is strongly recommended that you do so as soon as possible to avoid being closed out of these programs.

HUD financial assistance applicants may register for programs with the program provider on a contingency basis. If you are denied financial assistance due to ineligibility or failure to meet the requirements, you will have a grace period to work out payment with the program provider or withdraw from the program(s).

I did not notify Plainsboro Recreation and Community Services in writing of changes to my child's enrollment for which he/she is receiving financial assistance.

If you are granted financial assistance and decide:

- not to enroll your child in a session or program
- to change a session or program in which your child is enrolled
- to withdraw your child from a session or program*,

you are responsible for notifying Plainsboro Recreation and Community Services, in writing.

Written notification must be received within 10 days of making the change. Correspondence must be mailed to: Plainsboro Recreation and Community Services Department, Attn: Leonard Celluro Jr., 641 Plainsboro Road, Plainsboro, NJ 08536 or emailed lcelluro@plainsboronj.com. Verbal notification will not be accepted. **Failure to do so will result in denial of a request for assistance the following year. Also, you will not have the option to reallocate your remaining financial assistance in the current 2015-2016 cycle.**

*If your child, who receives financial assistance, attends less than 60% of a session and/or program or misses 3 consecutive days without prior notification, your child will be removed from the program roster and will not be eligible to attend the remaining sessions and/or programs.

FREQUENTLY ASKED QUESTIONS

1. MAY WE RECEIVE ASSISTANCE FOR PROGRAMS OFFERED BY OTHER TOWNSHIPS OR ORGANIZATIONS?
No, this financial assistance is only for Plainsboro Summer Camp 2015, Before/After Camp Care (through WWPCE) for Plainsboro Camp 2015, and WWPCE Extended Day Program/Kindergarten Extension Program, September 2015 – June 2016.
2. MY SPOUSE AND I FILE SEPARATE INCOME TAX RETURNS; WHOSE FORMS DO YOU NEED?
We need **ALL** income documentation from all household members including your spouse and any other members of your household who contribute to the upkeep of that residence.
3. CAN I RECEIVE REIMBURSEMENT FOR PROGRAM FEE PAYMENTS I MADE PRIOR TO APPLYING FOR AND RECEIVING FINANCIAL ASSISTANCE?
No, reimbursements are not possible.
4. CAN I RECEIVE FULL FINANCIAL ASSISTANCE FOR PROGRAMS?
Yes, but it is not guaranteed.
5. WHEN ARE APPLICATIONS REVIEWED AND GRANTED?
There is one application cycle each year, with a submission deadline of **Friday, May 15, 2014 at 4 p.m.** You will receive confirmation within three weeks after the deadline providing all materials were submitted properly.

Filing Requirements Checklist

Complete this checklist prior to submitting your application, initial it below, and include it with your completed application and required documentation. Each of the documents required must be an original, unless otherwise indicated.

- [] **IRS transcript(s) of the 2014 tax return(s) for you AND any other members of the household earning income.** The transcript provides official IRS verification that you filed a 2014 tax return. **A copy of your 2014 tax return is insufficient documentation**

To meet the application deadline, you will need to file your 2014 income tax return early to ensure complete processing by the IRS prior to requesting the transcript. Once you have made the request with the IRS, it usually will take 7-10 business days to receive your transcript.

For IRS transcript, call 1-800-829-1040 (Monday through Friday, 7:00 a.m. to 10:00 p.m. Eastern Time) and select the following:

- Press 4 – for other automated services
- Enter your social security number, press 1, then press 1 again to confirm
- Press 3 – to request a transcript

- [] *Copies* of the last three (3) pay stubs for **each member** of the household contributing to the family income. If a wage earner in your household is employed seasonally or part-time, or if the wages otherwise vary considerably from pay period to pay period, provide employer documentation of anticipated wages for 2015, in addition to copies of the last three pay stubs.
- [] *Copies* of documentation covering ALL sources of 2014 household income, including but not limited to, wages and tips, pension, social security, unemployment or worker's compensation benefits, public assistance (welfare/charity), grants from other sources, alimony, or child support. If a wage earner in your household is currently unemployed, provide documentation indicating the monthly benefit being received and the term of the benefits, or the denial of benefits.
- [] Child support and/or alimony documentation (if applicable) in the form of a notarized letter stating support terms or a *copy* of a court-ordered agreement. If you do not receive child support, then you must sign and have notarized the *Statement of Child Support* found in this application packet.
- [] *Copy* of your lease or mortgage agreement clearly showing occupant name(s), property address, term of lease/mortgage, and signatures (proof of residency)
- [] *Copy* of a recent utility bill clearly showing applicant's name and address (proof of residency)
- [] Signed and notarized "Disclosure Oath" and "Statement of Financial Responsibility", as well as "Statement of Child Support" if applicable
- [] Completed Financial Assistance Program Application Form

Note: If circumstances exist such that eligibility cannot be determined based on the documentation requested above, the Township reserves the right to require additional information. Failure to complete the application or omission of documentation will result in the return of your application, and potentially denial of assistance.

Signature _____

Note: This checklist must be checked off, signed, and submitted with your completed application.

STATEMENT OF CHILD SUPPORT

THE UNDERSIGNED HEREBY CERTIFIES WITH HIS/HER SIGNATURE THAT HE/SHE HAS NOT RECEIVED IN 2014, AND IS NOT RECEIVING IN 2015, CHILD SUPPORT FOR DEPENDENT CHILDREN FOR WHOM HE/SHE IS SEEKING FINANCIAL ASSISTANCE UNDER THE PLAINSBORO TOWNSHIP SCHOLARSHIP ASSISTANCE PROGRAM.

CHILD SUPPORT IS DEFINED AS COURT-ORDERED FINANCIAL SUPPORT OR FINANCIAL SUPPORT OTHERWISE PROVIDED BY THE NON-CUSTODIAL PARENT TO THE CUSTODIAL PARENT FOR THE PURPOSE OF RESPONSIBLY SUPPORTING THEIR CHILDREN.

SIGNED _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 2015

NOTARY PUBLIC - STATE OF N.J.

MY COMMISSION EXPIRES _____

***IMPORTANT:
THIS DISCLOSURE IS TO BE COMPLETED ONLY IF YOU
HAVE NOT RECEIVED CHILD SUPPORT IN 2014-15.
IF YOU HAVE RECEIVED CHILD SUPPORT DURING THIS TIME, INSTEAD YOU MUST
PROVIDE DOCUMENTATION OF THE SUPPORT PROVIDED.***

DISCLOSURE OATH

THE UNDERSIGNED DOES HEREBY WITH HIS/HER SIGNATURE BELOW; APPLY HEREWITH FOR HUD COMMUNITY BLOCK GRANT FUNDS ADMINISTERED BY PLAINSBORO TOWNSHIP FOR ALL APPLICABLE PROGRAMS SPONSORED BY PLAINSBORO TOWNSHIP OR WEST WINDSOR- PLAINSBORO COMMUNITY EDUCATION. FURTHER, BY HIS/HER SIGNATURE BELOW, THE UNDERSIGNED DOES HEREBY CERTIFY THAT ALL STATEMENTS MADE BY HIM/HER ARE TRUE AND MADE FOR THE PURPOSE OF RECEIVING SUCH DESIGNATION.

THE UNDERSIGNED FULLY UNDERSTANDS THAT THE INFORMATION ON THE ATTACHED FORMS IN THE APPLICATION PACKAGE IS BEING COLLECTED TO DETERMINE THE APPLICANT'S ELIGIBILITY. THEY WILL BE USED TO PROVIDE THE BASIS FOR MANAGING THE PROGRAMS COVERED BY THIS APPLICATION, FOR PROTECTING THE GOVERNMENT'S FINANCIAL INTERESTS AND FOR VERIFYING THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS OR PROSECUTORS. IT IS NOT MANDATORY TO PROVIDE SOCIAL SECURITY NUMBERS. HOWEVER, FAILURE TO PROVIDE ANY OTHER INFORMATION MAY RESULT IN A DELAY OR REJECTION OF THE APPLICATION PACKAGE AS A WHOLE FOR ELIGIBILITY APPROVAL.

I/WE CERTIFY THAT THE STATEMENTS CONTAINED IN THIS APPLICATION PACKAGE ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION WILL RESULT IN THE DISQUALIFICATION OF THE APPLICATION PACKAGE AS A WHOLE, THE NEED TO PROVIDE RESTITUTION TO PLAINSBORO TOWNSHIP OF ALL FUNDS GRANTED AND ARE PUNISHABLE UNDER FEDERAL LAW.

SIGNED _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 2015

NOTARY PUBLIC - STATE OF N.J.

MY COMMISSION EXPIRES _____

STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I MUST SUBMIT AN IRS TRANSCRIPT OF MY HOUSEHOLD 2014 INCOME TAX RETURN(S) BEFORE THE MAY 15, 2015 APPLICATION DEADLINE. IF THE INTERNAL REVENUE SERVICE CANNOT MAKE A TRANSCRIPT AVAILABLE BY THIS DATE, I UNDERSTAND THAT I AM TO SUBMIT A PERSONAL COPY OF MY 2014 HOUSEHOLD TAX RETURN(S) UNTIL THE IRS TRANSCRIPT(S) IS/ARE AVAILABLE TO ME. I ALSO UNDERSTAND THAT I AM REQUIRED TO MAKE COMPLETE DISCLOSURE OF ANY ADDITIONAL "HOUSEHOLD" INCOME. IF THIS IS NOT DONE, I UNDERSTAND THAT I MAY BE DENIED ASSISTANCE; OR, IF GRANTED ASSISTANCE, I MAY BE REQUIRED TO REIMBURSE PLAINSBORO TOWNSHIP FOR ALL PROGRAM FEES INCURRED.

SIGNED _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____ 2015

NOTARY PUBLIC - STATE OF NJ

MY COMMISSION EXPIRES _____

**Township of Plainsboro
FINANCIAL ASSISTANCE PROGRAM APPLICATION FORM**

Department of Housing and Urban Development / Community Development Block Grant

Complete Application Form and return with all required documentation, certifications, signatures, **and a non-refundable \$25 per family application fee** made payable to Plainsboro Township to:

Plainsboro Recreation and Community Services Department, 641 Plainsboro Road, Plainsboro, New Jersey 08536.
Deadline: Friday, May 15, 2015, 4:00 p.m.

Part I Applicant Information

Name of Applicant (Adult) _____

Social Security # _____

Marital Status: [] married [] divorced [] separated [] widowed [] single

Relationship to Program Participant: [] Parent [] Guardian [] Other _____

Street Address _____ City _____ State _____ Zip Code _____

Phone: (Home) _____ (Cell) _____ **Email Address:** _____

Length of time at this address _____ Number of residents at this address Adults _____ Children _____

For statistical purposes only

(Optional) Circle One:

White Black/African American Asian Native American/Alaska Native Native Hawaiian/Pacific Islander

Other _____

Designate Ethnicity (Optional) Circle One:

Hispanic

Non-Hispanic

Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act?

Yes _____ No _____

If you have a disability that affects your ability to complete this application, please contact Recreation and Community Services at (609) 799-0909 X1719 to schedule an appointment to let us know how we can reasonably accommodate your needs.

Part II Program/Participant Information (List each child separately, please ask for another sheet if necessary)

1 Child's Name _____ Grade Level in September 2015 ____
Address (if different from above) _____
Program Attending:
 Plainsboro Summer Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Before/After Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Extended Day Program 2015 – 2016 Full school year Partial school year
 WWPCE Kindergarten Extension Program 2015 – 2016 Full school year Partial school year

2 Child's Name _____ Grade Level in September 2015 ____
Address (if different from above) _____
Program Attending:
 Plainsboro Summer Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Before/After Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Extended Day Program 2015 – 2016 Full school year Partial school year
 WWPCE Kindergarten Extension Program 2015 – 2016 Full school year Partial school year

3 Child's Name _____ Grade Level in September 2015 ____
Address (if different from above) _____
Program Attending:
 Plainsboro Summer Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Before/After Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Extended Day Program 2015 – 2016 Full school year Partial school year
 WWPCE Kindergarten Extension Program 2015 – 2016 Full school year Partial school year

4 Child's Name _____ Grade Level in September 2015 ____
Address (if different from above) _____
Program Attending:
 Plainsboro Summer Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Before/After Camp Sessions Attending: 1 2 3 4 Program Fee _____
 WWPCE Extended Day Program 2015 – 2016 Full school year Partial school year
 WWPCE Kindergarten Extension Program 2015 – 2016 Full school year Partial school year

Part III Financial Information

Provide information below for **each member of the household who contributes** to the upkeep of the listed address, even if they do not live at the listed address (rent, utilities, food, child care, etc). **Financial information must include ALL sources of household income, including but not limited to, gross wages, self-employment, tips, pension, social security, unemployment or worker’s compensation benefits, public assistance, alimony, or child support.** See “Filing Requirements” for additional details and required support documentation.

List 2014 Income for Each Member of Household

	Name	Current Employment Status **	2014 Wages (including earnings from self-employment and tips)	2014 Retirement and/or Disability Benefits (pension, Social Security)	2014 Unemployment and/or Worker's Compensation	2014 Public Assistance	2014 Alimony and/or Child Support	2014 Other Income (specify source and amount)	2014 Total Income (total of all income listed to the left)
1									
2									
3									
4									
5									

** Employment Status Categories – Employed, Unemployed, Retired, Student, Disability

TOTAL
2014 HOUSEHOLD INCOME (add last column of lines 1-5 above) → \$

HUD / CDBG Financial Eligibility Chart

Use the chart below to determine your eligibility for the financial assistance program. In the first column, find the number of people who reside at your listed address. Look across the page to the second and/or third column on the same line for the maximum household income allowed. If your total household income falls within these guidelines, you meet the financial eligibility requirements; if not, do not continue. You will not qualify for the program.

<u>Number of Household Members</u>	<u>Income Level I</u>	<u>Income Level II</u>
<input type="checkbox"/> Two People	\$40,200	\$54,400
<input type="checkbox"/> Three People	\$45,250	\$61,200
<input type="checkbox"/> Four People	\$50,250	\$68,000
<input type="checkbox"/> Five People	\$54,300	\$73,450
<input type="checkbox"/> Six People	\$58,300	\$78,900
<input type="checkbox"/> Seven People	\$62,350	\$84,350

Note: A limited portion of financial assistance will be allocated to those families that meet eligibility criteria with income higher than Level 1, but less than Level 2.

The information I/we have provided in this application is accurate and complete to the best of my/our knowledge, and I/we accept responsibility for said information as outlined in the Disclosure Oath. I/we understand that submission of this application does not guarantee financial assistance or space in any program. Should I/we receive financial assistance, it is understood that I am/we are responsible for the balance of all program fees, as well as program terms.

Adult Applicant Signature _____ Date _____

Adult Applicant Signature _____ Date _____