Caltech

2022 Caltech Child Care Assistance Program Application

Mail completed form to:
CCAP Program (Personal & Confidential)
1200 E. California Blvd.
Mail Code 161-84
Pasadena, CA 91125

Applications must be received or postmarked by 10/29/2021. Faxed, emailed or late applications will not be accepted.

APPLICANT INFORMATION:

Name:_____   Street Address:_____

Caltech UID:_____   City/State/Zip:_____

Email Address:_____   Phone:_____

Caltech Affiliation:
☐ Faculty   ☐ Campus Staff   ☐ Postdoctoral Scholar   ☐ Graduate Student

SPOUSE/DOMESTIC PARTNER INFORMATION:

Name:_____
Employment:
☐ Employed at least 50% time   ☐ Not Employed
☐ Full-time student   ☐ Ineligible to work in US due to visa status (please provide I-94)

DEPENDENT INFORMATION (Children aged 10 and younger, please list from youngest to oldest):

Name of Child: Birth Date:
1. _____   _____
2. _____   _____
3. _____   _____
4. _____   _____

HOUSEHOLD INCOME:

1. CCAP Applicant Gross salary (complete one line unless you have multiple jobs):   Annual Income

   a) Monthly paycheck: $_____(wage) x 12 = $_____

   b) Biweekly paycheck (every other week): $_____ (wage) x 26 = $_____

   c) Semi-monthly paycheck (twice a month): $_____ (wage) x 24 = $_____

   d) Hourly $_____ (wage) x _____ (hrs worked per week) x 52= $_____

2. Spouse/Domestic Partner Gross Salary (complete one line unless you have multiple jobs):

   a) Monthly paycheck: $_____(wage) x 12 = $_____

   b) Biweekly paycheck (every other week): $_____ (wage) x 26 = $_____

   c) Semi-monthly paycheck: $_____ (wage) x 24 = $_____

   d) Hourly $_____ (wage) x _____ (hrs worked per week) x 52= $_____

3. Other family Income:

   Child Support (monthly amount) $_____

   Bonus $_____

   Spousal Support (monthly amount) $_____

   Unemployment (monthly amount) $_____

   Sales Commission $_____

   Other (such as Veteran's Benefits, AFDC, welfare) $_____

TOTAL 2022 TOTAL PROJECTED FAMILY GROSS INCOME*: $_____

To be eligible for 2022 CCAP assistance, an applicant's projected total family annual gross income can be no greater than $129,000.

Please enclose:

☐ Applicant's 2 most recent paystubs
☐ Spouse/Domestic Partner's 2 most recent paystubs
☐ If your spouse is not employed, documentation verifying one of the following:
   -that he/she is a full time student
   -that he/she is considered legally disabled and cannot work
   -that he/she cannot work due to visa restrictions (I-94 electronic record)
☐ Copies of Birth Certificates, or other official age verification documents (e.g. passports) for all children ages 10 and under
☐ Legal Guardian verification (if applicable)
☐ Copy of your 2020 Federal Income Tax Returns (must include pages showing dependents, gross income line and signatures)

I (We) declare that the information reported is true, correct, and complete. I (We) agree to provide, if requested any necessary documentation to support the information requested.

_____   _____
Applicant Signature/Date   Spouse/Domestic Partner Signature/Date