



2022 Caltech Child Care Assistance Program Application

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

APPLICANT INFORMATION:

Name: _____ Street Address: _____

Caltech UID: _____ City/State/Zip: _____

Email Address: _____ Phone: _____

Caltech Affiliation:

☐ Faculty ☐ Campus Staff ☐ Postdoctoral Scholar ☐ Graduate Student

Are you currently enrolled in the Dependent Care Spending Account? _____

Have you previously applied for a CCAP award? _____

SPOUSE/DOMESTIC PARTNER INFORMATION:

Name: _____

Employment:

☐ Employed/Self Employed

☐ Not Employed

☐ Full-time student

☐ Ineligible to work in US due to visa
status (please provide I-94)

☐ Part-time student

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

Name of Child:

Birth Date:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

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 | \$_____ |
| Bonus | \$_____ |
| Spousal Support | \$_____ |
| Unemployment | \$_____ |
| Sales Commission | \$_____ |
| Other (such as Veteran's Benefits, AFDC, welfare) | \$_____ |

TOTAL 2022 TOTAL PROJECTED FAMILY INCOME:

\$_____

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