



## 2023 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 10/28/2022. 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

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### SPOUSE/DOMESTIC PARTNER INFORMATION:

Name: \_\_\_\_\_

Employment:

☐ Employed at least 50% time

☐ Full-time student

☐ Not Employed

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

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### 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 2023 TOTAL PROJECTED FAMILY GROSS INCOME\*:

\$\_\_\_\_\_

*\* To be eligible for 2023 CCAP assistance, an applicant's projected total family annual gross income can be no greater than \$132,500.*

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 for all children ages 10 and under
- ☐ Legal Guardian verification (if applicable)
- ☐ Copy of your 2021 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