



Child Care Subsidy Grant Program 2023 APPLICATION

Due on May 19, 2023

You may apply only in the period in which you meet eligibility requirements.

PART ONE: YOUR INFORMATION

For full program details and eligibility requirements, please review the official guidelines at <https://www.swarthmore.edu/human-resources/child-care-subsidy-grant-program>. Complete this application in blue or black ink. Please print clearly.

| | |
|---|---|
| EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL) | DATE OF HIRE |
| BENEFITS ELIGIBILITY STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | |
| HOME STREET ADDRESS | |
| CITY, STATE, ZIP | SWARTHMORE EMAIL ADDRESS |
| ALTERNATE EMAIL ADDRESS | WORK PHONE |
| DEPARTMENT | HOME PHONE |
| HOUSEHOLD STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> SHARE HOUSEHOLD WITH THE PARENT OF MY CHILD(REN) <input type="checkbox"/> MARRIED <input type="checkbox"/> COMPLETED AFFIDAVIT FOR DOMESTIC PARTNERSHIP | |
| SPOUSE/PARTNER NAME (LAST, FIRST, MIDDLE INITIAL) | SPOUSE/ PARTNER EMPLOYER |
| SPOUSE/PARTNER EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | IF NOT EMPLOYED, IS SPOUSE/PARTNER ACTIVELY SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS YOUR SPOUSE/PARTNER A FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHERE? |

PART TWO: ELIGIBLE CHILDREN

Information about your dependent child(ren) age 6 and younger. *Families with a child (regardless of age) with a documented disability are also eligible to apply.*

| NAME (LAST, FIRST, MIDDLE INITIAL) | BIRTH DATE (MM/DD/YYYY) | 2022 TAX DEPENDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | LAST 4 DIGITS OF CHILD'S SOCIAL SECURITY # |
|------------------------------------|-------------------------|---|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

PART THREE: FINANCIAL INFORMATION

As part of our application process, we need to review personal information. Be assured we keep this information strictly confidential and securely stored.

If you have any questions about the documents you need to include for your household, please refer to the program page on the Human Resources website at swarthmore.edu/human-resources/child-care-subsidy-grant-program or email benefits@swarthmore.edu.

Check off each of these items as you enclose them with your application.

Applicant Tax & Pay Information

- ☐ Completed, signed copies of your previous year's tax Form 1040 or 1040A.
- ☐ Copy of most recent pay statements.
- ☐ For Custodial Parents,* please include a copy of your prior year federal income tax Form 2441
- ☐ If applicable, a copy of completed, signed prior year Schedule C for any non-salary income
- ☐ A copy of your child's birth certificate.

***Custodial Parents Per IRS Guidelines: a Custodial Parent is the parent with whom the child lived for the greater number of nights in a given year. If the child was with each parent for an equal number of nights, the custodial parent is the parent with the higher adjusted gross income.**

Spouse or Partner Tax & Pay Information

- ☐ If filing income taxes separately from the Applicant - completed, signed copies of their prior year federal income tax Form 1040 or 1040A
- ☐ Completed copies of their pay statements from two (2) recent pay periods or similar information
- ☐ For those who are self employed, a copy of their completed, signed prior year Schedule C

Projected Gross Income

To calculate your projected gross salary/wages, multiply your federal taxable gross wages for one pay period (as shown on your paycheck stub) by the number of pay periods in a 12-month period (For example, at Swarthmore, employees paid on a biweekly basis have 26 pay periods in the year, while employees paid on a monthly basis have 12 pay periods in the year).

| FEDERAL TAXABLE GROSS WAGES PER PAY PERIOD | | # OF PAY PERIODS PER YEAR | PROJECTED GROSS SALARY/WAGES |
|---|----|------------------------------|------------------------------------|
| Swarthmore Employee | \$ | \$ | =\$ |
| Spouse/Partner | \$ | \$ | =\$ |
| | | | |
| Total | | | =\$ |

READ AND SIGN

Statement of Understanding By signing below, I certify that I have attached all applicable forms and other income source documents including pay stubs. I understand I must notify the Human Resources Department of any family status changes (i.e. dissolution of marriage or domestic partnership) which could affect my child custody responsibilities during the plan year I receive a Child Care Subsidy Grant. I understand this is a federally legislated tax program and that, as a potential grant recipient, I am responsible for understanding and complying with the IRS guidelines. I certify under penalty of perjury that all statements and documentation relating to this application are true. I understand that incomplete or inaccurate information may adversely affect my child(ren)'s eligibility under this program up to and including repayment to Swarthmore College of any funds awarded and/or may result in disciplinary action up to and including termination. I further agree that if I voluntarily end my employment with Swarthmore College within 6 months of receiving the Child Care Subsidy Grant, I am obligated to reimburse the College for the full amount of the subsidy.

EMPLOYEE SIGNATURE

DATE

Mail or email this application and all required supporting documentation to:

Human Resources Office

Swarthmore College
101 S. Chester Road
Swarthmore, PA 19081
benefits@swarthmore.edu