

## CITY OF PERRIS Childcare Assistance Program (CAP) Application

The City of Perris created the Childcare Assistance Program (CAP) to assist Perris working parents with up to three months of temporary financial assistance for Childcare. CAP intends to create Childcare resources for parents who do not qualify for Childcare financial assistance.

## PLEASE PRINT CLEARLY

Last Name:	First	First Name:				
Address:						
City:	State: CA	. Zip	Code:			
Phone Number ( )	F	Email:				
What is your household annual gross income? \$		What is your household size?:				
Below please list children enrolled in childcare:						
Child's Last Name		Child's First Name				
Is your child currently enrolled at a Childcare I If so, what is the name of the facility:  Address:				Yes	No	
City:						
Phone Number ( )			-			
2. Do you have fees associated to childcare costs				Yes	No	
If so, what type of fees (please attach proof of exp	pense)					
3. In addition to the complete application the City	of Perris	requires indivi	iduals to submit the fo	ollowing docume	nts:	
One (1) month current pay stub		Proof of co-payment fees if applicable				
Three (3)months bank statements		Proof of Residency (Utility Bill)				
Proof of Childcare Enrollment		Letter Demonstrating Need of Assistance				

<sup>\*</sup> Additional documents may be requested.



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Please provide a statement of need for the Childcare Assistance Program.

PLEASE PRINT CLEARLY						