

Hornell Area Concern For Youth, Inc.

76 East Main Street

Hornell, NY 14843

Phone/fax: (607)324-0808

Email: CochernforYouth@yahoo.com

Dear Parents or Guardian,

To assist Steuben County in receiving revenues they are entitled to by supporting youth programs we are asking families to fill out the financial eligibility sheet. Steuben County can gain back 65 cents for every dollar spent on these programs. This information is kept strictly confidential. Thank you for your assistance, if you have any questions, please call us at the above number.

Youth's Name _____

Youth's Address _____

Certification Form

*A resident of NY State Yes____ No____

*A United States Citizen Yes____ No____

- A member of a family that includes a child (self included) under the age of 18 or under age 19 and attending secondary school or it equivalent.

<u>Check</u>	<u>Family Size</u>	<u>Income</u>
_____	1	\$19,600
_____	2	\$26,400
_____	3	\$33,200
_____	4	\$40,000
_____	5	\$46,800
_____	6	\$53,600
_____	7	\$60,400
_____	8	\$67,200

For family units with more than eight members, add \$566 monthly, or \$6,800 annually for each additional family member.

I/We _____ as parents or guardian of _____

Certify that we meet the above stated requirements.

Date: _____

Signature _____