



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-4451
Telephone (508) 398-2231 Ext. 1275, Fax (508) 398-2365 TTD: (508) 398-2231

DEPARTMENT
OF
COMMUNITY
DEVELOPMENT

COMMUNITY
DEVELOPMENT
BLOCK GRANT
PROGRAM

COVID-19 RELIEF PROGRAM CHILDCARE PROGRAM SUMMARY and REQUIRED DOCUMENTATION

The Town of Yarmouth CDBG COVID-19 Relief Program offers up to \$1,500 annually in childcare assistance to income-eligible Yarmouth residents financially impacted by COVID-19 who can also show a need for the assistance through their household budget. Summer camps may qualify, and are considered on a case-by-case basis. To apply for assistance with childcare expenses, household must complete and sign the attached COVID-19 Relief Application Form, complete the attached Household Budget Form, attach all required documentation listed here, and return to Mary Waygan, Department of Community Development, 1146 Route 28, South Yarmouth, MA 02664 for review.

Here are the required documents you will need to submit in order to complete your application:

- Complete, sign and submit the COVID-19 Relief Application Form
- Complete and submit the Household Budget Form
- Submit your most recent Federal Income Tax Return for all household members 18 years or older. If you filed your tax return electronically, please print out and sign. If self-employed, provide your IRS Schedule C forms from the last two fiscal quarters.
- Submit the most recent five weeks of paystubs for all household members over 18 years old. If income is inconsistent, you may be asked for more weeks.
- Submit proof of Social Security, Disability, SSI, TANF, Veteran Benefits, Unemployment Compensation, or other government benefits in the form of a letter from the appropriate agency for each member of the household.
- Submit proof of residency in Yarmouth (such as a copy of your deed, lease, utility bill etc.)
- Submit documentation that your child care provider is properly licensed with the Commonwealth of Massachusetts. Summer camps are considered on a case-by-case basis.

The Town of Yarmouth reserves the right to apply additional regulations or request additional information from the applicant household in order to certify a household's eligibility for assistance. Final approvals may be subject to review by US HUD which awarded these funds to the Town of Yarmouth.

No duplication of benefits is allowed. All qualified applicants will be asked to certify that they have not received duplicate payment, assistance, or benefit from a difference assistance program for the same childcare expense.

All payments are made to the childcare provider directly.

The Town of Yarmouth offers other financial assistance including assistance with rent, mortgage, utilities, internet, homeowner home repairs, etc. For more information, please contact Mary Waygan by email mwaygan@yarmouth.ma.us or call 508-398-2231 x1275.



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COVID-19 RELIEF APPLICATION FORM APPLICATION FORM FOR YARMOUTH RESIDENTS SEEKING ASSISTANCE WITH CHILDCARE COSTS

Name _____

Address: _____

Phone: _____

Email: _____

Are you applying here for assistance with childcare costs? Yes ___ No ___

Have you experienced a loss of income or work due to COVID? Yes ___ No ___

Have you experienced an increase in the following costs due to COVID-19: housing, childcare, food, medical, transportation or utility costs? Yes ___ No ___

List Names of All Household Members	Relationship	Age	Citizenship
	Self		

Indicate the Race of All Household Members	Number of Persons	Are these members Hispanic?
White		
African-American/Black		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
Am. Indian/Alaskan Native & White		
Asian & White		
African-American/Black & White		
Other Multi-Racial		

Circle Your Household Annual Income (\$) (Federal Fiscal Year 2021)					
1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD	6 PERSON HOUSEHOLD
0 – 20,450	0- 23,350	0 -26,250	0-29,150	0-31,500	0-35,580
20,451- 34,050	23,351-38,900	26,251 -43,750	29,151-48,600	31,501-52,500	35,581-56,400
34,051-54,450	38,901-62,200	43,751-70,000	48,601-77,750	52,501-84,000	56,401-90,200
54,451-above	62,201-above	70,001-above	77,751- above	84,001-above	90,201-above

I certify this income information is correct. I understand the information I have provided on my household income is subject to verification by authorized representatives of the Town of Yarmouth and U.S. HUD.

Signature: _____ Date: _____

If resident is below 18 years of age, parent or legal guardian must verify income and sign form.



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COVID-19 RELIEF PROGRAM HOUSEHOLD BUDGET FORM

Name:

To qualify, households are required to show that “but for this assistance” their household would have a financial hardship. Please complete this household budget form and submit with your application:

Monthly Expenses	Amount (\$)
Mortgage or Rent	
Condominium Fee	
Home Alarm System	
Property Tax	
Utilities:	
Electric	
Gas/Oil	
Water	
Telephone	
Internet	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Credit Card or Debt Payment	
Medical and/or Pharmacy Bills	
Food	
Clothes	
Childcare	
Other	
Other	
Other	
TOTAL:	

Recent Unexpected Expenses	Amount (\$)
Car Repair	
Home Repair	
Other	
Other	

Estimated Monthly Income	Amount (\$)