

The subsidy – \$1,000 per child younger than 6 (as of 7/1/18), up to a maximum of \$2,000 per year – is available to eligible faculty and staff with gross household incomes of \$100,000 or less. The tax-free subsidy can be used to pay expenses for care of dependent children provided by qualified caregivers. Please complete this application and submit it along with your documentation by December 8, 2017 to the Office of Human Resources.

<p>EMPLOYEE / CO-APPLICANT INFORMATION</p>	<p>Name: _____ SUID#: _____</p> <p>Co-Applicant's Name: _____ SUID# (if applicable): _____</p>								
<p>EMPLOYEE ELIGIBILITY</p>	<p>Please check the box that explains your current marital status:</p> <p><input type="checkbox"/> I am unmarried, not in a domestic partnership, and not living with the parent of a child on this application.</p> <p><input type="checkbox"/> I am married, in a domestic partnership, or living with the parent of a child on this application. This individual must be listed above as the co-applicant. I attest that my co-applicant meets one of the following criteria:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Employed at least part-time</td> <td style="width: 50%;">Stay at home parent</td> </tr> <tr> <td>A full-time student</td> <td>Self-employed</td> </tr> <tr> <td>Considered legally disabled</td> <td></td> </tr> <tr> <td colspan="2">Unemployed but actively seeking employment (must have legal work authorization to work in the United States).</td> </tr> </table>	Employed at least part-time	Stay at home parent	A full-time student	Self-employed	Considered legally disabled		Unemployed but actively seeking employment (must have legal work authorization to work in the United States).	
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<p>HOUSEHOLD INCOME</p> <p>Your total household income must be \$100,000 or less in order to meet the program's eligibility guidelines.</p>	<p>Please complete the information required below:</p> <p><i>Adjusted Gross Income on YOUR Federal Income Tax Return:</i> _____ (Line 37 on Form 1040, line 21 on Form 1040A; line 4 on Form 1040EZ)</p> <p><i>If filing separately, Adjusted Gross Income on YOUR CO-APPLICANT'S Federal Income Tax Return:</i> _____ (Line 37 on Form 1040, line 21 on Form 1040A; line 4 on Form 1040EZ)</p> <p><i>Combined Adjusted Gross Income:</i> _____</p> <p>Please submit a copy of your most recent tax returns and those of your co-applicants, if filing separately.</p> <p>Please complete the information required below. Please reference the <u>Federal Taxable Gross Amount</u> listed on the paycheck in order to compute your average pay amount.</p> <p>Your Paycheck Information:</p> <p>Average pay amount over your most recent two paychecks: _____</p> <p>Number of pay periods per calendar year: _____</p> <p>Your Co-Applicant's Paycheck Information:</p> <p>Average pay amount over his or her most recent two paychecks: _____</p> <p>Number of pay periods per calendar year: _____</p> <p>Other Income Anticipated During the Year:</p> <p>Includes child support, alimony, etc.: _____</p> <p>Please submit copies for both you and your co-applicant (if applicable) of your two most recent paycheck stubs (including those for other employment).</p>								

Please provide information on your eligible child(ren) or child(ren) expected to be added to your family this year. For the boxes labeled *Relationship to You* and *Type of Child Care*, please use the key in the lower section of this form:

Name: _____ Relationship to You*: _____
 Social Security Number: _____ Date of Birth: _____
 Estimated Annual Cost of Child Care: _____ Type of Child Care**: _____
 Anticipated Child Care Provider: _____ SSN/EIN of Provider: _____
 Address of Anticipated Child Care: _____

Name: _____ Relationship to You*: _____
 Social Security Number: _____ Date of Birth: _____
 Estimated Annual Cost of Child Care: _____ Type of Child Care**: _____
 Anticipated Child Care Provider: _____ SSN/EIN of Provider: _____
 Address of Anticipated Child Care: _____

DEPENDENT ELIGIBILITY

You may apply for the child care subsidy for eligible dependents that are younger than 6 years old.

I am pregnant, or my spouse/partner is pregnant I am currently planning to adopt a child
 Anticipated Date of Birth: _____ Anticipated Date of Adoption or Placement: _____
 Estimated Annual Cost of Child Care: _____ Type of Child Care**: _____
 Name and Address of Anticipated Child Care: _____

* For *Relationship to You*, please utilize the following choices and place the letter in the above designated section. Eligible dependents must meet the definition of tax dependents as defined by the IRS.

- A. Biological or adopted child (includes children that have been placed with you for adoption)
- B. Child of a spouse
- C. Child for whom you or your spouse has either legal custody or has been appointed legal guardian

** For *Type of Child Care*, please utilize the following choices and place the number in the above designated section. This information is important for us to better understand our employees' needs.

Informal care (#1 - #4): Provider is required to claim income from child care services provided on taxes

- 1. A person who provides child care in his/her home for a maximum of two children at a time, in addition to his/her own children.
- 2. A person or program providing care for any number of children for fewer than three hours a day.
- 3. A person who provides care in the home of the child (in-home care).
- 4. A person who is closely related to the children in care (ex. grandparents, aunts, uncles, 1st cousins)

Regulated Care (#5 - #8): Provider is regulated by the NYS Office of Children and Family Services

- 5. Licensed Day Care Center: Care is provided to 6 or more children for more than 3 hours a day, usually at a location other than a residence.
- 6. Registered Small Day Care Center: Care is provided to 3 - 6 children at a location other than a residence.
- 7. Registered Family Day Care: One provider, age 18 or older, receives a permit to care for a maximum of 5 to 8 children in a personal residence.
- 8. Licensed Group Family Day Care: Care is provided on a regular basis for a maximum of 10 to 14 children in a personal residence by approved caregivers who are age 18 or older. A minimum of 2 providers must be present whenever 7 or more children are in care.

APPLICATION CHECKLIST

For your convenience and timely processing, a checklist is provided below to ensure all requested documents are provided at the time of submission. The application and your supporting documents must be submitted to the Office of Human Resources via email (hrrservice@syrr.edu) or in person (Skytop Office Building, Room 101) by December 8, 2017.

2016 1040 for employee (first two pages with the second page signed)

2016 1040 for co-applicant, if filed separately (first two pages with the second page signed)

Two most recent paycheck stubs for employee

Two most recent paycheck stubs for co-applicant, if employed at least part-time

Proof of dependent's eligibility (i.e. birth certificate, adoption paperwork, or legal custody paperwork) if not already on file with the Office of Human Resources. You may call the HR Service Center at 315.443.4042 with inquiries.

Documentation supporting self-employment (i.e. Certificate of Organization, 2016 form 2095, or other documents filed with the IRS indicating income)

Signature and date on third page of application