



# SAFEKEY/IQNITE FINANCIAL ASSISTANCE APPLICATION

Site: \_\_\_\_\_ Program: \_\_\_\_\_ Duration of Request: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ RecTrac account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Address: \_\_\_\_\_

City (Must be within city limits): \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (Must be provided): \_\_\_\_\_

Indicate Marital Status:  Single  Married  Separated  Divorced  Foster/Group Home  Domestic Partner

**I. Household:** Print names and requested information for everyone in the household. Include yourself as #1.  
Please note failure to attend a program paid with financial assistance may result in suspension from receiving future financial aid.

First Name	Last Name	Date of Birth	Relationship to Applicant	Gender	Assistance Needed
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Do you have primary physical custody of the minor child/children listed in the household?</b>					<input type="checkbox"/> YES <input type="checkbox"/> NO

**II. Employment:** List all adults in the household who are working (include yourself as #1). Please add additional sheet, if needed.

First Name / Last Name	Employer Address & Contact Number	Paid How Often?	Gross Pay
		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	

**III. Additional Income:** Answer the following questions. For each "yes", provide documentation.

**Do You Or Anyone In The Household:**

<ul style="list-style-type: none"> <li>Live in Public Housing or receive Section 8 Rental Assistance ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receives or expect to receive public assistance (welfare) ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receives or expect to receive unemployment benefits ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Work full-time, part time, or seasonally ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Expect to work for any period during the next year ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receive cash for work ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>Receives or expect to receive child support ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receives or expect to receive alimony ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receives or expect to receive Social Security or other retirement benefits ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receive Disability ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receive EBT/SNAP ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>Receive TANF ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
<ul style="list-style-type: none"> <li>Could or would you pay to attend this program if financial aid was depleted? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	



# SAFEKEY/IGNITE FINANCIAL ASSISTANCE APPLICATION

**REQUIRED: Documents must be submitted in original format, in-person, to the Safekey/Ignite office (416 N. 7th St., 89101):**

- Photo ID for every adult in the household.
- Original birth certificates (for anyone under 18 yrs. old).
- City of Las Vegas Resident/Address Verification (utility bill). Must be a physical address within city limits.
- Monthly income statement for each adult of the household. (*paycheck stubs, alimony, child support, etc.*)
- Other income documentation or public assistance. (*food stamps, SSI, TANF, unemployment, WIC, etc.*)

**IV. Acknowledgment of Terms and Award:** *I acknowledge the following (read and initial next to each item below):*

- I am a city of Las Vegas resident.
- I understand that if am awarded financial assistance, I am still responsible for paying a portion of the Safekey/Ignite pass fees. The required payment amount is based on the subsidy percentage awarded.
- I have provided copies of all required documentation with this application including:
  - Photo ID for heads of household.
  - Dependent birth certificates.
  - City of Las Vegas Resident/Address Verification.
  - Monthly income statement for each member of the household.
  - Other income documentation.
- Financial aid funds cannot be applied towards Safekey/Ignite registration fees (YR passes), late pick-up fees, or extra fees associated with non-payment.
- If qualified, my household will receive a 25%, 50%, 75% subsidy rare based on household income and household size.
- I understand that financial assistance for Safekey/Ignite will only be considered after all other means of financial assistance for child care (Urban League, Family Respite or Tribal Council) have been exhausted.
- Financial assistance is only applicable towards city of Las Vegas Safekey/Ignite programs (Subject to fund availability).
- Financial Assistance for Safekey/Ignite will be awarded only to the specified household account and is non-transferable.
- I understand that if I am awarded financial assistance I will be given a Household Cap, which is the maximum amount of assistance my household may receive in a funding cycle.
- Subsidy percentages are non-refundable, non-transferable, and cannot be used retroactively to program enrollments made prior to the date of award.
- If I reach my household cap amount, financial assistance will be exhausted for the remainder of the school year.
- Financial assistance may be terminated for any violation of the Parent or Participant Code of Conduct, violation of PrePaid Service Policy, if the applicant moves out of the city of Las Vegas boundaries, or if participants are not enrolled in the Safekey/Ignite program within 90 days of approval date.
- I understand that once I exhaust my household cap, I am responsible for paying all fees in full.
- Subsidy percentages will be applied to the household account for use by the patron beginning on the date of the award and can expire at any time due to the following: the end of the school year, or the overall financial aid funds have been depleted.

***In accordance with the regulation governing the use of these funds, please supply the requested information. This information is confidential and only for use by the public agencies providing funding. Incomplete packets will not be accepted.***

**PENALTY FOR MISINTERPRETATION:**

I/We certify that all of the above information is true and correct and that all income is reported to the best of my/our knowledge and belief. I/We understand that this information is being given the receipt of government funds, I/We consent to verification of this information by the service provider, the City of Las Vegas, or other government officials as required; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I/We also understand that false statements or information are grounds for termination of assistance. In the event my/our income changes due to marriage, divorce, births, deaths, promotions, termination etc. I/we must provide documentation to that effect and updated income statements within (10) business days for financial aid recertification.

Applicant Signature

Date

Applicant Print Name