



**EMPLOYEE CHILD CARE ASSISTANCE PROGRAM (ECCAP)
FY2012 APPLICATION**

Please return the completed application form and all required documents to Audry Rosenbloom, Employee Child Care Assistance Program, Office of Human Resources, 2 New South, Princeton, NJ 08544.

Application materials may be sent through campus or U.S. mail, delivered in person, faxed to 258-5920, or e-mailed to audryr@princeton.edu. Additional postage may be required for U.S. mail. If you would like notification that HR received your application sent by U.S. mail, please include a self-addressed stamped envelope or provide your e-mail address below.

Applications will not be considered complete unless all required documentation is provided. Amount of the grants approved for late applications will be prorated.

Section 1—APPLICANT INFORMATION	
NAME OF FACULTY OR STAFF MEMBER:	PUID/EMPL #
DEPARTMENT:	POSITION:
PHONE NUMBER (for contact)	E-MAIL ADDRESS:
Section 2—APPLICANT’S FAMILY STATUS	
<input type="checkbox"/> SINGLE (includes widowed or divorced, but not remarried. If the other parent of the eligible child is sharing the household with the employee, that parent must be included as the co-applicant.)	
<input type="checkbox"/> MARRIED OR REMARRIED (INCLUDES SEPARATED), CIVIL UNION, SAME-SEX DOMESTIC PARTNER (For same-sex domestic partner, an approved Statement of Domestic Partnership must be on file with the Office of Human Resources.)	
If married or remarried, provide the following co-applicant information. CO-APPLICANT’S NAME: RELATIONSHIP TO EMPLOYEE: Co-applicant must be (1) employed half-time (20 hours per week) or (2) enrolled as a full-time student or (3) legally disabled as defined by the IRC or (4) eligible to work in the United States and , although not currently working, is actively seeking employment. Employees granted an ECCAP under this unemployment provision may be granted an ECCAP for up to one year Proof of unemployment is required. Special circumstances will be considered on a case-by-case basis.	
If Co-Applicant Is Employed EMPLOYER:	POSITION: DUTY TIME PERCENTAGE:
SUPERVISOR’S NAME (FOR EMPLOYMENT VERIFICATION):	SUPERVISOR’S PHONE NUMBER:
If Co-Applicant Is a Student COLLEGE OR PROGRAM NAME:	
ENROLLMENT STATUS (e.g. full-time, half-time, etc.): FALL 2011	SPRING 2012

EXPECTED DEGREE OR CERTIFICATE:	EXPECTED COMPLETION DATE:
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If the co-applicant is disabled as defined by the IRS, please attach appropriate documentation.
 Requests for consideration of all other special circumstances should be submitted in writing along with this application.

Section 3—ELIGIBLE CHILDREN

You may apply for two eligible dependent children¹. Children must be of prekindergarten age in FY2012 and cared for by an eligible provider. A child entering kindergarten in the fall may be eligible to receive an ECCAP for the summer months only. Please indicate below if your child will be entering kindergarten in fall 2011.

Care providers cannot be the spouse, partner, or dependent of the applicant. Providers must have a tax ID or Social Security number and be willing to report the child care income on their tax returns.

CHILD'S NAME	DATE OF BIRTH	ESTIMATED WEEKLY COST OF CHILD CARE	RELATIONSHIP OF CHILD TO EMPLOYEE
1.			
2.			

My child will enter kindergarten in fall 2012. Yes No

Section 4—FINANCIAL RESOURCES

The financial information submitted is confidential and will be used only to administer the ECCAP. All financial information received is carefully reviewed and verified confidentially by the ECCAP coordinator, who may, as appropriate, cross-check the University's benefits records.

Documentation required to be attached, and whether you file jointly or separately, is:

1. your 2010 federal income tax return(s), including Schedule C if applicable;
2. your 2010 W-2 statement(s) or similar documentation for non-U.S. earnings;
3. two most recent pay stubs each (applicant and co-applicant) from current employment; and
4. a statement certifying average hours worked per week if co-applicant is self-employed;
5. if eligible to work in the U.S., although currently not working and is actively seeking employment, documentation must be provided (letter of intent, unemployment compensation, etc.)

Please fill in applicable information below. ("0" and "N/A" are acceptable entries.)

		PAST YEAR	CURRENT YEAR
1. GROSS ADJUSTED INCOME:	Applicant	\$	\$
2. UNTAXED INCOME:	Child Support Received:	\$	\$
	Social Security and Veterans Benefits:	\$	\$
	Other:	\$	\$
3. GRADUATE STIPEND:		\$	
4. GRADUATE ASSISTANTSHIP (if not included above as wages):		\$	

To qualify for an ECCAP award, your total annual household resources must not exceed \$130,000 (adjusted gross income).

Section 5—STATEMENT OF UNDERSTANDING

By signing this application, I certify that I have answered all questions truthfully to the best of my knowledge and that any intentional misrepresentation in this application may result in adverse consequences related to the award or my employment status. I have read and understand the eligibility requirements and terms of the Employee Child Care Assistance Program. I have read and will comply with all of the rules and procedures set forth in the Employee Child Care Assistance Program. I have attached required documents, which may include but is not limited to:

1. 2010 federal tax returns including Schedule C if applicable
2. 2010 W-2 statements
3. two most recent pay stubs
4. a statement certifying average hours worked per week if co-applicant is self-employed
5. proof of enrollment from college or degree/certificate program
6. disability documentation

I further understand that I am responsible for reporting any family status changes that might affect my eligibility. I have read and understand that there are tax implications associated with the Employee Child Care Assistance awards and that it may be to my benefit to establish a Dependent Care Expense Account.

APPLICANT'S SIGNATURE: _____

DATE: _____

Section 6—SUBMITTING YOUR APPLICATION

Return this application and all required documents in person or by campus or U.S. mail to:

**Audry Rosenbloom, Employee Child Care Assistance Program Coordinator
Princeton University
Office of Human Resources
2 New South
Princeton, NJ 08544**

You can e-mail the application and scanned documentation to Audry Rosenbloom at audryr@princeton.edu. We suggest you use an e-mail return receipt request.

Additional postage may be required for U.S. mail. Please enclose a self-addressed stamped envelope if you want notification that HR received your application.

Section 7—NOTIFICATION OF AWARD

Please notify me about my award, as well as all future ECCAP communication, to the following e-mail address:

_____@_____

Please notify me about my award by U.S. mail. I have enclosed a self-addressed stamped envelope.

¹ A child must be your legal dependent, as defined by IRS regulations, and includes biological, step, adopted, foster, or any other child for whom you are the legal guardian or for whom you have court-awarded custody, and/or the child of your same-sex domestic partner. To be dependent, your child must live with you for at least half the year (if divorced, the child may live with your former spouse) and you must provide over one half of the child's support and nobody else can claim this child as a qualifying child. If the child listed below is the child of your same-sex domestic partner, an approved Statement of Domestic Partnership must be on file with the Office of Human Resources. If the other parent of the eligible child is sharing the household with the employee, that parent must be included as the co-applicant.