

YMCA-YWCA of the Central Okanagan

Budget Worksheet

Please attach documentation of income and expenses with worksheet and forward it to Sue Boser, Manager of Childcare, at 250 765-5916 ext 203. You will be contacted to arrange a review of your application. All information is confidential.

Please include receipts for each of the following:

HOUSEHOLD INCOME SOURCE	TOTAL INCOME	CIRCLE MONTHLY OR YEARLY	COMMENTS	OFFICE USE ONLY
Wages		M Y		
Tips (if applicable)		M Y		
WCB		M Y		
Family Allowance		M Y		
Child Support		M Y		
Child Tax Credit		M Y		
Other Income (tenant, rent, etc)		M Y		
TOTAL INCOME				

EXPENSES	ACTUAL PAYMENT	CIRCLE MONTHLY OR YEARLY	COMMENTS	OFFICE USE ONLY
Rent/Mortgage (Property Taxes)		M Y		
Home/Apartment Insurance		M Y		
Utilities -Power		M Y		
Utilities -Gas		M Y		
Phone		M Y		
Cable		M Y		
Internet		M Y		
BC Health Care		M Y		
Mandatory Medical Needs		M Y		
Credit Cards Min Payment		M Y		
Bus/Vehicle Insurance/Gas		M Y		
Household Expense (food, clothing, other)		M Y		
Loans (specify _____)		M Y		
School/Lunch Fees		M Y		
Childcare		M Y		
Other		M Y		
TOTAL EXPENSES				

Note: A maximum dollar amount will be applied for monthly expenses based on basic needs: i.e. food, clothing, telephone, cable, public transportation, insurance and BC Care plan

Assisted Child Care Application



Name: _____

Address: _____
(Street) (City) (Postal Code)

Phone Number: H: _____ W: _____ C: _____

Child's Name:

Name: _____ Childcare Center/Program: _____ Grade: _____
(First) (Last)

Name: _____ Childcare Center/Program: _____ Grade: _____
(First) (Last)

Name: _____ Childcare Center/Program: _____ Grade: _____
(First) (Last)

Please briefly explain your situation, including any special circumstances:

FOR OFFICE USE ONLY

% Approved _____ Amount Approved _____

Start date: _____ Expiry date: _____

Approved by: _____ Date: _____

For Coordinator use only:

September		March	
October		April	
November		May	
December		June	
January		July	
February		August	