

YMCA-YWCA of the Central Okanagan

Budget Worksheet

Please attach documentation of income and expenses, forward to Sue Boser, Manager of Childcare, 250 765 5916 ex 203 she will contact you to set up an appointment to meet and review your application and let you know % you would qualify for. All information is on confidential.

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 Childcare 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	