DUES ASSISTANCE INFORMATION

Children from households that meet the following Federal Income guidelines are eligible for dues reduction.

REDUCED DUES INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2025 to June 30, 2026)

Household Size	Yearly	Monthly	Twice Monthly	Every 2 Weeks	Weekly
1	28,953	2,413	1,207	1,114	557
2	39,128	3,261	1,631	1,505	753
3	49,303	4,109	2,055	1,897	949
4	59,478	4,957	2,479	2,288	1,144
5	69,653	5,805	2,903	2,679	1,340
6	79,828	6,653	3,327	3,071	1,536
7	90,003	7,501	3,751	3,462	1,731
8	100,178	8,349	4,175	3,853	1,927
For each additional	10,175	848	424	392	196

To apply for benefits, complete the attached application. Attach proof of income, such as the most recent month's check stubs and a copy of one form of Identification. Sign the application and return it to Girls Incorporated.

The information you provide will be treated confidentially and will be used only for the eligibility determination.

HOUSEHOLD INFORMATION: If your household income is at or below the level shown on the income scale above, your child is eligible for dues reduction. To apply for these benefits you must provide the following information or your application cannot be processed.

HOUSEHOLD MEMBERS: List the names of everyone who lives in your household. Include parents, grandparents, all children, other relatives, and unrelated people who live in your household.

MONTHLY INCOME: List all income received last month on the same line with the person who received it. Write the income under the group it belongs in (for example, EARNINGS, WELFARE, PENSIONS, OR OTHER). Income is all money before taxes or anything else is taken out.

SIGNATURE: An adult household member must sign the application.

VERIFICATION: The information on the application may be verified by Girls Incorporated staff or other officials at any time during the program year.

REPORTING CHANGES: If you list income information and your child is approved for benefits, you must tell Girls Inc. when your household size decreases or your income increases by more than $50 per month or $600 per year. If you list food stamps case number or TANF number, you must tell Girls Inc. when you no longer receive food stamps or TANF for your child.

NONDISCRIMINATION: Children who receive benefits are treated the same as children who pay. No child will be discriminated against because of race, color, age, national origin, sex, or handicap.

QUESTIONS: If you have any questions with the decision on your application or the result of verification you may wish to discuss it with the Executive Director of Girls Inc. This can be done by calling or writing the following official: Ginger Schneck, Executive Director, Girls Inc., 956 N. O'Brien Street, Seymour, IN 47274.

REAPPLICATION: You may apply for benefits at any time during the program year. If you are not now eligible but have a decrease in household income, become unemployed, or have an increase in household size, fill out an application at that time.

You will be notified by letter of any qualification for reduction in fees.

APPLICATION FOR REDUCED DUES

To apply for reduced dues for your child(ren), carefully complete, sign, and return this application to Girls Inc. If you need help with this application, please call Girls Inc. at 522-2798.

NAME OF CHILD	IS CHILD A CURRENT GIRLS INC. MEMBER?	GRADE	TANF CASE #	FOOD STAMP #

HOUSEHOLD INFORMATION

LIST ALL HOUSEHOLD MEMBERS		MONTHLY INCOME FROM ALL SOURCES			
NAME (LAST, FIRST)	Relationship to Child	Earnings from Work Before Deductions	Welfare, Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received
1.					
2.					
3.					
4.					
5.					
6.					

SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or TANF case number is reported correctly. I understand that this information is being given for the reduction of fees; that Girls Inc. officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

X_____ **X**_____

Signature of Adult Household Member — Social Security Number

_____ _____

Printed Name of Adult Household Member — Date Signed

_____ _____ _____

Home Address — Zip — Home Phone — Work Phone

MONTHLY INCOME: To determine monthly income, if you receive income:			
WEEKLY INCOME X 4.33	TWICE A MONTH X 2	EVERY 2 WEEKS X 2.15	ANNUAL INCOME/12

NOTICE: Verification copies of all household income must accompany this application.

These copies will be retained at the office.