

FCTY Income & Employment Form

Please provide ALL the information requested below. Incomplete forms will not be processed. All information will remain confidential. Please note that there are two pages to this form. Only one Income & Employment Form per household is required.

Player Name:			Date:	
Team:	C	oach:	ch:	
1. Where are you currently employed?				
Parent #1	Employer: _			
Are you employed full-time or part-time:	full-time	part-ti	me	
Are you self-employed? Yes	No		_	
Parent #2	Employer: _			
Are you employed full-time or part-time:	full-time:	part-t	ime:	
Are you self-employed? Yes	No			
public assistance in 2025? (check all that apply)		2024	2025	
AHCCCS or Medicaid				
Food Stamps or SNAP				
School Lunch Program				
Social Security Disability				
Supplemental Security Income (SSI)				
Temporary Assistance for Needy Families (TANF)				
Housing Assistance				
Worker's Compensation				

Other		
3. If you filed jointly, list the adj Income Tax Return.	usted gross income (AGI) that appeared	on form 1040 of your 2024 Federal
4. If you filed separately, list the	e 2024 adjusted gross income (AGI) for ϵ	each parent or guardian.
Parent/Guardian #1, AGI: \$		
Parent/Guardian #2, AGI: \$		
5. Do you expect your income t	o increase, decrease or stay the same i	n 2025?
Increase	Decrease Stay the Same	
•	mbined household AGI for 2025. (If pa 5 AGI.) \$	rents filed separately, list the
• • • • • •	r Schedule C from your 2024 federal in ncome and net profit from your 2024 S	• •
	2024 Net Profit: \$	
8. If you were unemployed duri household member 19 or older.	2024	2025
No 4	Months Unemployed (ex. Jan-Dec)	Months Unemployed
Name1: Name2:		
	problems or expenses that will adverse countered unanticipated medical expen o, or had your hours reduced?	

Send completed form to:	Charlie MacCabe, charliemacc2	2@msn.com	