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: _____ Coach: _____

1. <u>Where</u> are you currently employed?

Parent #1 **_____** ***Employer:*** _____

Are you employed full-time or part-time: full-time _____ part-time _____

Are you self-employed? Yes _____ No _____

Parent #2 **_____** ***Employer:*** _____

Are you employed full-time or part-time: full-time: _____ part-time: _____

Are you self-employed? Yes _____ No _____

2. Did anyone in your household receive public assistance in 2024 or is anyone currently receiving 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 adjusted gross income (AGI) that appeared on form 1040 of your 2024 Federal Income Tax Return. _____

4. If you filed separately, list the 2024 adjusted gross income (AGI) for each parent or guardian.

Parent/Guardian #1, AGI: $ _____

Parent/Guardian #2, AGI: $_____

5. Do you expect your income to increase, decrease or stay the same in 2025?

Increase _____ Decrease _____ Stay the Same _____

6. Estimate your anticipated combined household AGI for 2025. (If parents filed separately, list the combined total anticipated 2025 AGI.) $_____

7. If you are self-employed, your Schedule C from your 2024 federal income tax return must accompany this application. List the gross income and net profit from your 2024 Schedule C.

2024 Gross Income: $_____ 2024 Net Profit: $_____

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8. If you were unemployed during 2024 or 2025, list the months you were unemployed below for **each household member** 19 or older.

	2024	2025
	Months Unemployed (ex. Jan-Dec)	Months Unemployed
Name1: _____	_____	_____
Name2: _____	_____	_____

Briefly describe any specific problems or expenses that will adversely affect your ability to pay FCTY fees. For example, have you encountered unanticipated medical expenses from an illness or accident, had a death in the family, lost your job, or had your hours reduced?

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