|  |  |
| --- | --- |
| *Umugambi witaho abana batoyi muri Leta ya Carolina y’uburaruko* |       |

*Isubirwamwo ry’amafaranga hamwe no gusaba gutezurirwa*

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| --- |
| **Umwirondoro wa nyene gusaba:** |
| Amazina ya nyene gusaba:  |       | Italiki yasabiyeko: |       |
| Aho aba(Ibarabara): |       | Amazina y’umwana: |       |
| Igisagara, Intara, Agasadugu ka posita: |       | Italiki umwana yavukiyeko: |       |
| Terefone yo mu nzu: |       | Ibiro vy’umuhuzabikorwa: |       |
| Terefone ngendanwa: |       |       |       |
|  |
| **Amakuru ku bijanye n’igituma usaba gutezurirwa:** |
| ***Ubwoko bw’ingorane*** | ***Impapuro zatanzwe*** | ***Ingaruka zo gutakaza/ Igiciro kirenze igipimo*** |
| **Inzu yaramusidukiyeko** |       |       |
| **Akazi karaheze/Kwirukanwa ku kazi** |       |       |
| **Amafaranga yo kwa muganga y’umurengera** |       |       |
| *(Mwipfuza kumenya vyinshi murasabwe gusoma ivyo beshi bakunda kwibaza (FAQ)kubijanye n’ingene ITP itezurira umuntu ari mu bihe bidasanzwe. Ni mushireko kandi impapuro zerekana ko habaye isuzumwa nk’uko vyasabwe)* |
| ***For CDSA Business Office Use Only*** | **Date Completed Application Received:**  |
| Current AGI:       | Current SFS Percentage: | Date of Previous Determination:       |
| Current Gross Cap:       | Adjusted AGI (if applicable):       |
| [ ]  Recommend Adjustment as outlined below: | [ ]  DO NOT recommend adjustment; maintain current SFS%. |
| **Adjusted SFS%:** |       | Reason(s) not approved: |
| **Gross Cap:** |       |       |
| **Date Recommended:** |       |  |
| **Adjustment Time Frame:** |       |  |
| **Required Review Date:** |       |  |
|  |
| ***For CDSA Director’s Use Only*** |
| [ ]  Approve Adjustment as recommended above | [ ]  Decline adjustment; maintain current SFS%. |
| [ ]  Approve adjustment with changes below | Reason(s) not approved: |
| **Adjusted SFS%:** |       |       |
| **Gross Cap:** |       |  |
| **Date Recommended:** |       |  |
| **Adjustment Time Frame:** |       |  |
| **Required Review Date:** |       |  |
|       |  |       |
| CDSA Director’s Signature |  | Date  |