

Each adult living at the residence must provide:

Proof of Income (REQUIRED) - Previous year's Federal Income Tax Return, 3 current pay stubs and/or *(if applicable)* **INCOME MAY ALSO INCLUDE:** CAL FRESH, CASH AID, CHILD/SPOUSAL SUPPORT, SSI/DISABILITY, UNEMPLOYMENT BENEFITS, PENSION, SELF-EMPLOYMENT.

Proof of Residency (REQUIRED) – Copy of Driver's License or CA ID and utility bill **for each adult.**

Father First	Last	Resides at residence Yes No Email
Mother First	Last	Resides at residence Yes No Email
Address	City	Zip
		Home/Cell #/Work #

Total number of persons living at the residence _____

LIST ALL CHILDREN LIVING AT RESIDENCE (under 18 years of age)	Race/Ethnicity # <i>see back of application</i>	Birth Date month/day/year	Circle any program(s) that applies to each child
First & Last Name			Classes Sports STARS Teens
			Classes Sports STARS Teens
			Classes Sports STARS Teens
			Classes Sports STARS Teens
			Classes Sports STARS Teens

LIST ALL ADULTS LIVING AT RESIDENCE	Enter "P"	Enter "S"	Enter "O"		Enter "P"	Enter "S"	Enter "O"
First & Last Name	Parent	Sibling	Other	First & Last Name	Parent	Sibling	Other

GROSS MONTHLY INCOME for ALL household members living at residence \$ _____	Money/Wages/Salary	\$ _____	Unemployment	\$ _____	Child or Spousal Support	\$ _____
	Self-Employed	\$ _____	CAL FRESH/CASH AID	\$ _____	Social Security/Disability	\$ _____

This is a federally funded program. For reporting purposes only, please provide the following demographic information. **Please select appropriate grouping number and enter on front of application for each child.**

RACE/ETHNICITY GROUPINGS

1	American Indian/Alaskan Native & Black/African American - Hispanic	8	Asian – Non-Hispanic	15	Native Hawaiian/Other Pacific Islander – Hispanic
2	American Indian/Alaskan Native & Black/African American - Non-Hispanic	9	Asian & White – Hispanic	16	Native Hawaiian/Other Pacific Islander – Non-Hispanic
3	American Indian/Alaskan Native & White-Hispanic	10	Asian & White – Non-Hispanic	17	Other Race – Hispanic
4	American Indian/Alaskan Native & White-Non-Hispanic	11	Black/African American & White – Hispanic	18	Other Race – Non-Hispanic
5	American Indian/Alaskan Native - Hispanic	12	Black/African American & White – Non-Hispanic	19	White – Hispanic
6	American Indian/Alaskan Native –Non-Hispanic	13	Black/African American – Hispanic	20	White – Non-Hispanic
7	Asian – Hispanic	14	Black/African/American – Non-Hispanic		

Revised 2016 Income Guidelines
CDBG – effective April 5, 2016

INCOME GUIDELINES

Members in Household	Annual Income Less Than
2	\$34,750
3	\$39,100
4	\$43,400
5	\$46,900
6	\$50,350
7	\$53,850
8	\$57,300

APPROVAL AND SCHOLARSHIP PROCESS:

- Application can be mailed to or dropped off in person at the Live Oak Park Annex, 10144 Bogue Street, Temple City.
- If approved, a 50% or 75% scholarship discount will be applied toward recreation programs offered through the City of Temple City’s Parks and Recreation. The \$10 Administrative Fee is NOT discounted.
- Scholarship recipients must pay the remaining registration fee for enrollment.
- Scholarships are awarded on a first-come basis and are dependent on the availability of program funds.
- Incomplete applications will be mailed back as unprocessed.
- Applicant will be notified by mail if the application is approved.

Under penalties of perjury, I declare that I have verified the information provided to be true, correct and have accurately listed all amounts and income. Supporting documentation can be provided upon request.

Signature _____ Relationship to Child _____ Date _____

OFFICE USE ONLY Date of Intake _____ Staff Signature _____ Residence Census Tract _____

Income Calculations:

APPROVED: 50% OR 75%

LI (Low Income) ELI (Extremely Low Income)

APPROVED :
LIMITED 50% OR 75%

3-MONTH through: _____

DENIED

Not in 5th District Exceeds Limits

Cathy Burroughs, Director

Date