

**City of Pleasanton
Community Services Fee Assistance Program
2010/2011**

CONFIDENTIAL INFORMATION

Date: _____

Individual

Household

Name of Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relation to Household Members: _____

Household members to be included in the fee assistance program:

	Name	Date of Birth		Name	Date of Birth
1			5		
2			6		
3			7		
4			8		

Employer Information: (if applicable):

Name: _____

Address: _____

Phone number: _____

Family currently receives: (Check all that apply)

- AFDC School Lunch Assistance Public Assistance
 SSI Food Stamps Rental Assistance
 Other _____ Unemployment Assistance

Family Income Limit*: (Include income of all family members)

<i>Household Size</i>	<i>Income Limit</i>	<i>Household Size</i>	<i>Income Limit</i>
1	\$45,100	5	\$69,600
2	\$51,500	6	\$74,750
3	\$58,000	7	\$79,900
4	\$64,400	8	\$85,050

Annual family income: \$ _____

*Source: Department of Housing and Urban Development [HUD], 5/14/2010, "low income" (80% of median) limits by household size for the Oakland-Fremont Metro Fair Market Rent area which includes Alameda and Contra Costa counties.

Verification of income attached:

- Employer verification
- Current Pay Stub
- Tax Return
- Social Security/MediCal
- Disability Insurance Or Unemployment
- Other _____

I hereby certify that the annual family income indicated on this application represents all adults living in the household and all means of support from employment income and government assistance.

Signature

Date

The following optional information will only be used for statistical reporting and is completely confidential:

How did you learn about the Fee Assistance Program? _____

Qualified applicants will be considered without regard to race, color, national origin, gender, age, medical condition, marital status, or religious belief.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Parks and Community Services Department with advance notice and every attempt will be made to consider your request.

FOR OFFICE USE ONLY

Application received: _____
Date

By: _____
Signature

Application approved: _____
Date

By: _____
Signature

Residency Verified: Income Verified: Current Pay Stub:

Funding Amount Approved: \$ _____

Comments: _____

