



FOR OFFICE USE ONLY:

Today's Date \_\_\_\_\_  
Staff Name Receiving Application: \_\_\_\_\_

# Recreational Subsidy Application

## One Application Per Household

### SECTION: 1 – Family Information

#### A: Parent /Legal Guardian:

Gender:  Male  Female  
\_\_\_\_\_  
Last Name First Name MI

Date of Birth: MM/DD/YYYY Relationship to child Alternative Telephone  
\_\_\_\_\_

#### Home Address:

House #, Street Name, Apt. #  
\_\_\_\_\_  
City State Zip Code Home Telephone

#### B: Parent /Legal Guardian:

Gender:  Male  Female  
\_\_\_\_\_  
Last Name First Name MI

Date of Birth: MM/DD/YYYY Relationship to child Alternative Telephone  
\_\_\_\_\_

Family Status:  Female Head of Household  Male Head of Household  Joint / Married

### SECTION: 2 – Family (Dependants/Members Information)

This program is designed for **Children Under 17 Years of Age**. (Children must be listed on your IRS Tax Return)

#### List All Members of the Household

(First Name and Last Name)

#### Date of Birth

#### Relationship

#### Check:

If child will participate in the program:

1.	_____	_____	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>
7.	_____	_____	<input type="checkbox"/>
8.	_____	_____	<input type="checkbox"/>

(If there are additional family members please document on a separate sheet of paper.)

**SECTION: 3** – Family (SOURCE OF INCOME)

1. Are you **Self-Employed**?  NO  YES

i. \*If **yes**, please fill out an **AFFIDAVIT** Form (**MUST BE NOTARIZED**)

2. Are you **renting**?  NO  YES \*If **yes**, please provide a copy of **Rental Agreement /Letter**

**(PLEASE PROVIDE COPIES AND BRING ORIGINALS)**

\*FILL OUT ALL THAT APPLIES:

Wages or Salary  (Current Check stubs of Parent 1 or Guardian)

Wages or Salary  (Current Check stubs of Parent 2 or Guardian)

Child Support / Alimony  (Court Decree, Notice of Action from Department of Social Services or current check stubs)

**OTHER SOURCES OF INCOME:**

(E.g.: Child Support, TANF/CalWorks, Social Security, Unemployment, Disability, etc.)

Please provide copy of Children Birth Certificate for this section: (If applicable)

Public Assistance or Welfare Payments  (TANF/CalWorks Letter or Verification of Benefits Form)

Unemployment / Disability  (EDD Letter, Award Letter or current check stubs (General relief documents))

Other Income  (Foster Agreement letter, Social Security etc...)

Please fill out table below: If your not working, state yourself as unemployed

Head of Household's Employer				Co-Head of Household's Employer			
Employers Name				Employers Name			
Address	City	State	Zip	Address	City	State	Zip
\$				\$			
Hourly/Salary Wage		Hours Per Week		Hourly/Salary Wage		Hours Per Week	

**EMPLOYMENT INFORMATION**



**Recreational Subsidy Application**  
Fiscal Year: July 2011 - June 2012

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## General Release Non-City Sponsored Programs

As condition of accepting Community Development Block Grant (CDBG) funds from the City of Baldwin Park ("City") for partial reimbursement of registration costs, I/we hereby release the City, its officers, employees, agents and attorneys from any and all claims, demands, assertions, or any other possible causes of the sports program in which I/we have enrolled my/our child. I/we acknowledge that the City does not run, operate, endorse, or manage this sports program; it is a provision of CDBG funds for partial reimbursement of registration costs. **If both parents have legal custody of the child, both must sign below.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

PLEASE CIRCLE HOW MANY PERSONS ARE LIVING IN YOUR HOUSEHOLD:

### **Income Limits**

- |                                      |
|--------------------------------------|
| <b>1 person: \$29,900 and under</b>  |
| <b>2 persons: \$34,200 and under</b> |
| <b>3 persons: \$38,450 and under</b> |
| <b>4 persons: \$42,700 and under</b> |
| <b>5 persons: \$46,150 and under</b> |
| <b>6 persons: \$49,550 and under</b> |
| <b>7 persons; \$52,950 and under</b> |
| <b>8 persons: \$56,400 and under</b> |

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## ACKNOWLEDGEMENT AND AGREEMENT

I/we certify that the information provided in this application is true and correct as of the date set forth opposite my/our signatures on this application and acknowledgement my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge that in July of each year, I need to renew my application.

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## LITTLE LEAGUE BASEBALL OR FOOTBALL

**NOTE:**

1. **Sign-ups for Little League Baseball** make sure to fill-out a **(GREEN) PAYMENT REQUEST FORM** when league starts which is in **JANUARY**.
2. Pick-up and fill-out the form for each child participating in the league.
3. **MUST bring a receipt of payment when you sign-up for that specific league.**
4. Did you submit copies of your child league receipts / registration form?  NO  YES

**NOTE:**

5. **Sign-ups for Football such as Roadrunners and Pop Warner** make sure to fill-out a **(GREEN) PAYMENT REQUEST FORM** when league starts which is in **MAY**.
  6. Pick-up and fill-out the form for each child participating in the league.
  7. **MUST bring and attached receipt of payment and Enrollment form when you sign-up for either league.**
- Did you submit copies of outside league receipts/ enrollment form?  NO  YES
- 
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**FOR OFFICE USE ONLY:**

Census Track: \_\_\_\_\_ Block: \_\_\_\_\_

- Action:**
- |  |  |
|--|--|
|  | 1. Lack of Income/Documents for Verification |
|  | 2. Missing Payment Request Forms (Green)     |
|  | 3. Other:                                    |

\_\_\_\_\_

Call date: \_\_\_\_\_