



**Alameda Recreation and Park Department**

2226 Santa Clara Avenue, Alameda, CA 94501

510-747-7529 – [arpd@alamedaca.gov](mailto:arpd@alamedaca.gov)

**YOUTH PROGRAMS FINANCIAL ASSISTANCE APPLICATION PROCEDURES**

- All families who wish to apply for Youth Programs Financial Assistance will be able to do so starting on the first day of program registration for Fall and Summer Classes/Camps.
  - **ONE APPLICATION FORM PER FAMILY PER SEASON**
  - Account must be in good standing with no outstanding balance.
  - Only ARPD Youth Programs or Youth Classes are eligible for Financial Assistance.
  - ***Financial Assistance is not available for Contract Camps or Classes.***
- Financial Assistance will be awarded on a first-come, first-served basis and are subject to available funding. Please plan accordingly for processing of Financial Assistance request.
- Financial Assistance Applications will be available on the ARPD website.
  - Paper copies will also be made available for pick up at multiple locations
  - Supporting documents may be attached to paper application or verified by Staff upon submittal.
- Alameda Recreation and Park Department Staff will review all applications. All information will be kept confidential. Applicants may be contacted to obtain further information or verification of information.
- Applicants will be notified in writing of approval or denial of their request.
- If approved, applicants will be provided a verification form that must be used at time of registration for requested programs. The discount will be awarded upon completion of registration. The Applicant is responsible for completing the class/camp registration and paying the remaining fees for selected program or activity. Financial Assistance awards do not guarantee enrollment and do not replace the registration process.
- Financial Assistance funds are not available for expenses beyond the listed price such as, but not limited to: supplies, materials, food and/or transportation.
- Any refunds will be issued only for amount paid by Applicant. Refunds requested must follow the existing ARPD Refund Policy.

OPTIONAL DOCUMENTATION FOR PROOF OF DEPENDENTS	OPTIONAL DOCUMENTATION FOR PROOF OF FINANCIAL ELIGIBILITY	
<ul style="list-style-type: none"> <li>• Copy of Driver License or State Issued Identification Card <b>AND</b></li> <li>• Copy of Birth Certificate showing applicant as parent/guardian <b>OR</b></li> <li>• Adoption Certificate showing applicant as adoptive parent/guardian <b>OR</b></li> <li>• Letter from applicable court or social service agency confirming foster/kinship placement</li> </ul>	<p><b><u>OPTION A</u></b> Provide <b><u>ONE</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Copy of most recent Federal Income Tax Return Form (1040/1040EZ/1040NR)</li> <li>• Copy of most recent W2</li> <li>• Copy of most recent Supplemental Security Income (SSI) record</li> <li>• Copy of Unemployment Benefits letter</li> <li>• Documentation that child is in foster/kinship care</li> </ul>	<p><b><u>OPTION B</u></b> Provide <b><u>TWO or More</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Copy of CalFresh (SNAP) Program enrollment</li> <li>• Copy of Women, Infant, Children (WIC) Program enrollment</li> <li>• Copy of Verification of Non-Filing letter from IRS</li> <li>• Three Months of Pay Stubs</li> </ul>

**If you have any questions or comments regarding the Financial Assistance Program, please contact Alameda Recreation and Park Department at: 510-747-7529 or [arpd@alamedaca.gov](mailto:arpd@alamedaca.gov)**



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**YOUTH PROGRAM/CAMP FINANCIAL ASSISTANCE APPLICATION**

All Financial Assistance is subject to need and availability. All applications that are **completed** and returned to ARPD will be accepted and reviewed. Actual Financial Assistance awards will vary between 25% - 75% based on final application score. Submission of this application does not guarantee that Financial Assistance will be granted. **Some restrictions apply. Contract Camps of Classes may not be eligible for Financial Assistance.**

Please complete this application form and return with your required supporting documents to: **ARPD Youth Programs Financial Assistance, 2226 Santa Clara Ave, Alameda, CA 94501.**

**CONFIDENTIAL INFORMATION:**

PARENT/GUARDIAN'S NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY/CELL PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHILD'S NAME (17 Years & Under)	RELATIONSHIP	BIRTHDATE	AGE	NAME OF PROGRAM/CAMP	PROGRAM/ CAMP FEE
					\$
					\$
					\$
					\$
<b>TOTAL COST:</b>					\$

**INCOME ELIGIBILITY:**

To qualify for consideration, your household gross income must be less than or equal to the amounts listed below:

<u>Household Size</u>	<u>Max Gross Income</u>	<u>Household Size</u>	<u>Max Gross Income</u>
1 person	\$ 74,200	5 persons	\$114,500
2 persons	\$ 84,800	6 persons	\$123,000
3 persons	\$ 95,400	7 persons	\$131,450
4 persons	\$106,000	8 persons	\$139,950

**Number of People in Household:** \_\_\_\_\_ **Total Household Income:** \$ \_\_\_\_\_

*By signing below, I hereby certify that the total household income indicated above represents the total income received by all family members (see below for income sources to be included):*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### VERIFICATION OF ELIBILITY:

To ensure that we can serve as many families as possible, we are requesting that you provide the following documentation to verify your family's eligibility for assistance. **YOUR APPLICATION WILL STILL BE CONSIDERED IF YOU CHOOSE NOT TO COMPLETE THIS PORTION OF THE APPLICATION OR PROVIDE VERIFICATION.** However, providing this verification will increase the chances that you will be eligible for an award.

**ALL SUPPORTING DOCUMENTS WILL BE VERIFIED UPON SUBMITTAL.**

### RESIDENCY VERIFICATION Provide ONE of the following:

- Copy of Tax Return with current address
- Utility Bill dated within 60 days of Application (*Electric, Gas, Water*)
- Copy of Rental Lease showing current address

### INCOME VERIFICATION:

To verify your Income Eligibility, please provide copies of documentation from **ONE** of the following columns:

#### Provide **ONE** of the following:

- Copy of most recent Federal Income Tax Return Form (*1040 / 1040EZ / 1040NR*)
- Copy of most recent W2
- Copy of most receipt Supplemental Security Income (SSI) record
- Copy of Unemployment Benefits Letter
- Documentation that child is in foster care/kinship care

#### OR Provide **TWO OR MORE** of the following:

- Copy of CalFresh (*SNAP*) Program enrollment
- Copy of Women, Infant, Children (*WIC*) Program Enrollment
- Copy of Verification of Non-Filing Letter from IRS
- Three Months of Pay Stubs

### IMPACT STATEMENT

In our efforts to ensure that we serve as many families as equitably as possible, we want to know how this Financial Assistance would benefit your family. We want to know how much financial support you need to make camp a reality for your family this summer (total dollar amount or percentage of discount).

What does camp means to your child? What is your child(ren)'s favorite part of summer camp? How will camp or other recreation programs positively affect your child(ren)'s social, physical, and emotional health?

Using the next page, please tell us why we should choose your application. You may also attach supporting letters from other family members, teachers, coaches or even doctors. You may also attach a letter or drawing from your child(ren) that tells us why camp matters so much to them this summer.

**YOUR APPLICATION WILL STILL BE CONSIDERED IF YOU CHOOSE NOT TO COMPLETE THIS PORTION OF THE APPLICATION.** However, completing the Impact Statement will greatly increase the chances that you will be eligible for an award.

**ATTACHMENT AND SUPPORTING DOCUMENTS**

Please check the following boxes to confirm that Staff has verified the necessary documents to your application:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Residency Verification</b> ( <i>Utility Bill, Lease</i> ) | <input type="checkbox"/> <b>Letter OR Drawing</b> from Child(ren) |
| <input type="checkbox"/> <b>Support Letter</b>  | <input type="checkbox"/> <b>Other:</b> _____                      |
| <input type="checkbox"/> <b>Income Verification</b> ( <i>W2, Pay Stub</i> )           |   |

***Thank you for taking the time to complete this Application Form. Please plan accordingly for processing and applicants will be notified of their application status.***

**FOR ARPD STAFF USE ONLY**

Date Received \_\_\_\_\_ Initials of Staff who Received Application: \_\_\_\_\_

**ASSISTANCE APPROVED?**     **YES**         **NO**

If Approved: Date Approved: \_\_\_\_\_

Assistance Provided: Amount: \$ \_\_\_\_\_ **OR** Discount: \_\_\_\_\_% Maximum Value: \$ \_\_\_\_\_

Date of Applicant Contact: \_\_\_\_\_ Signature of Staff Contacting: \_\_\_\_\_