



2024
AQUATICS PROGRAM
FINANCIAL ASSISTANCE APPLICATION

**FUNDED BY TRACY FRIENDS FOR PARKS,
 RECREATION AND COMMUNITY SERVICES FOUNDATION**

FOR CHILDREN (17 OR UNDER)

1. This application must be completed and signed by the person (or legal guardian of the person) requesting to receive financial assistance from the City of Tracy Parks & Recreation Department.
2. Proof of family income is required. Participants must qualify under the guidelines established by the State Government relative to the income/family size scale (on reverse). Information is kept confidential. ***Your application may be denied if you do not attach a copy of your most recent Federal or State income tax return.***
3. Citizens residing outside of the Tracy city limits are not eligible for funding.
4. Funding received from this application must be used for swim lessons only per calendar year. You are not guaranteed to receive the full amount of your award as funds are allocated on a first-come first-served basis and may run out.
5. Submit this completed application, required information along with your class registration form to the City of Tracy Parks & Recreation Department, 333 Civic Center Plaza or Joe Wilson Pool, 900 W. Lowell Avenue, during normal business hours. **It may take up to 5 business days to process.**
6. **Note Regarding Transaction Fees:** Select your class registrations carefully because financial assistance funds cannot be used to cover the cost of transaction processing fees you will incur when you withdraw or transfer from a class. The fee is \$5 per transaction and will be due and payable at the time of the withdrawal or transfer. Financial assistance funds cannot be used to cover the cost of supply fees.

Parent / Guardian Name:	
Address <i>(must be within city limits):</i>	
City: Tracy, CA	Zip:
Day Phone:	Evening Phone:

<i>Names of all children 17 years of age or younger living at your current address:</i>			<i>Names of all adults (18 years or older), including you, living in your household at your current address:</i>		
Child's Name	Date of Birth	Gender	Adult's Name	Date of Birth	Gender

Please answer each of the following questions to assist us with processing your application.

1. **Check any that apply:** Foster Family
2. **Number of persons living in your household?** How many adults?_____ How many children?_____ **Total:**_____

A household is a group of related persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders should not be included as household members.
3. **What is your household combined gross annual income?** \$_____

Include the total gross annual income of all persons in your household from all sources including Social Security, County Aid, Child Support, Unemployment, Disability etc.
4. **Proof of Income:** Attach the following forms of income verification. Your application will be denied without this information. **Your application will be denied if you do not attach a copy of your most recent Federal or State income tax return.**
 - Families:** Current year's Income Tax Return Form 1040 listing your dependent children; **and**
 - Last two paycheck stubs for each adult 18 years of age or older living in your household at your current address; **OR**
 - If you receive Government assistance, current documentation of assistance. **OR**
 - Foster Parent:** A letter from your certifying Foster Agency.
 - Disabled:** A valid certification indicating permanent disability.
5. **Identify yourself as (circle only one):**

1 - American Indian/Alaska Native	6 - White	10 - American Indian/Alaska Native and Black/African American
2 - Asian	7 - American Indian/Alaska Native and White	
3 - Black/ African American	8 - Asian and White	11 – Do not wish to state
4 – Hispanic	9 - Black/African American and White	
5 - Native Hawaiian/Other Pacific Islander		

CLIENT ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE. I HAVE READ AND ACKNOWLEDGE THE TERMS OF THIS APPLICATION.

Applicant's Signature: _____

Date Application Submitted: _____

OFFICE USE ONLY

The combined gross annual income for the total number of persons in the household cannot exceed the LOW-INCOME figures.

2024 Income Limitations for Combined Gross Annual Income (taken from CDBG standard)

Number of Persons in Household	1	2	3	4	5	6	7	8
Income Limitations	\$49,100	\$56,100\$	63,100	\$70,100	\$75,750	\$81,350	\$86,950	\$92,550

- Application pending additional information (specify): _____ Date: _____
- Application denied because of: Income Level **or** Incomplete Application by: _____ Date: _____
- Application approved and client notified by: _____ Date: _____
- Registration subsidy database updated by: _____ Date: _____