



Solicitud de Asistencia Financiera (solo para residentes de la ciudad)



Se requiere una licencia de conducir o identificación válida de Michigan para verificar su dirección es en la ciudad

AÑO DE ASISTENCIA FINANCIERA _____

Nombre: _____

Teléfono Residencial: (____) _____

Dirección: _____

Teléfono Celular: (____) _____

Ciudad: _____

Código Postal: _____

Correo electrónico _____

Este programa está respaldado por fondos federales y requiere datos demográficos

Demografía del hogar

- Padres solteros Dos padres Necesidades especiales

BARRIO DEMOGRÁFICO

- Eastside Edison Stuart Fairmount/West Douglas Northside Vine Otro

NOMBRE DE TODAS LAS PERSONAS QUE VIVEN EN ESTE HOGAR	FECHA DE NACIMIENTO	GÉNERO	GRADO	RAZA	ETNICIDAD	PROGRAMAS PARA LOS QUE ESTÁ SOLICITANDO ASISTENCIA FINANCIERA:
Padre/Tutor/Adulto						
Padre/Tutor/Adulto						
Niño						
Niño						
Niño						
Niño						
Niño						

PARA SOLICITAR UNA ASISTENCIA FINANCIERA DEL 50% o 100%, PROPORCIONE EL SIGUIENTE DOCUMENTO:

- *Prueba válida de residencia en la ciudad de Kalamazoo
- * Autocertificación de Ingresos Anuales por Beneficiario de
- * Verificación de ingresos

ESTA SOLICITUD ES VÁLIDA DEL 1 DE ENERO AL 31 DE DICIEMBRE Y DEBE RENOVARSE ANUALMENTE

Por favor, espere hasta 5 días para el procesamiento una vez que todos los documentos hayan sido sometidos. No puede utilizar la asistencia financiera antes de que se procese. Nos pondremos en contacto con usted cuando su solicitud se procese por teléfono o por el correo electrónico que ha proporcionado en el formulario de solicitud.

La asistencia financiera estará disponible por orden de llegada, por programa por niño por año; hasta que se agoten todos los fondos de asistencia financiera proporcionados al Departamento de Parques y Recreación. Si se gastan todos los fondos de asistencia financiera para el año, la inscripción para los programas de Parques y Recreación se cobrará al 100% del costo del programa.

Firma de la persona que completa este formulario

Fecha

FOR OFFICE USE ONLY:

Date _____ Approved: YES _____ NO _____ Percentage _____ City Address Verified _____

Meets CDBG Neighborhood Requirements YES _____ NO _____ Approved \$ _____ Staff Initials _____

Meets Income Limit Requirements YES _____ NO _____

U.S. Department of Housing and Urban Development
 Community Planning and Development
 Community Development Block Grant (CDBG)

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on:

Effective Date:

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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Beneficiary Information

Last Name:	Beneficiary ID (if applicable):
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Member Information

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Contact Information

Address Line 1:	City:
Address Line 2:	State: Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

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I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on: _____

Effective Date: _____

Beneficiary ID: _____

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.