



Financial Assistance Application (for City residents only)



Valid Michigan Driver's License or ID is required to verify your City address

FINANCIAL ASSISTANCE YEAR _____

APPLICANT INFORMATION

Name _____ Home Phone () _____
 Address _____ Cell Phone () _____
 City _____ Zip Code _____ Email _____

This program is supported by federal funding and requires demographic data

HOUSEHOLD DEMOGRAPHIC

Single Parent Two Parent Special Needs

NEIGHBORHOOD DEMOGRAPHIC

Eastside Edison Stuart Fairmount/West Douglas Northside Vine Other

NAME OF ALL PERSONS LIVING IN THIS HOUSEHOLD		DATE OF BIRTH	GENDER	GRADE	RACE	ETHNICITY	PROGRAMS YOU ARE APPLYING FOR FINANCIAL ASSISTANCE FOR:
Parent/Guardian/Adult							
Parent/Guardian/Adult							
Child							
Child							
Child							
Child							
Child							

TO APPLY FOR 50% or 100% FINANCIAL ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENT:

- * Valid proof of City of Kalamazoo Residency
- * Self Certification of Annual Income By Beneficiary From
- * Income Verification

THIS APPLICATION IS VALID JANUARY 1ST THROUGH DECEMBER 31ST AND MUST BE RENEWED ANNUALLY

Please allow up to 5 days for processing once all documents are returned. You are not able to register using financial assistance before your application is processed. You will be notified when your application is processed via telephone or the email you provided on the application form.

Financial assistance will be available on a first come, first serve, per program basis per child, per year until all scholarship funds provided to the Parks & Recreation Department are exhausted. If all financial assistance funds are expended for the year, registration for Parks & Recreation programs will be charged at 100% of the cost of the program.

Signature of person completing this form

Date

Attach copies of all applicable documents and turn in to the City of Kalamazoo Parks & Recreation Office at 251 Mills Street, Kalamazoo MI 49048. Financial assistance will be granted on the basis of financial need within the available resources of the department. The City reserves the right to refuse assistance to any applicant.

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

