City of Temple City
9701 Las Tunas Drive Temple City, California 91780
Tel: (626) 285-2171 Website: www.templecity.us

Recreation Scholarship Program Guidelines
July 1, 2024- June 30, 2025

ABOUT THE PROGRAM

To make City sponsored youth recreation activities available to all families in the community, the City of Temple City has established a Recreation Scholarship Program. The program was developed to encourage participation from families who could not otherwise afford the City's recreation activities' fees.

APPROVAL AND SCHOLARSHIP PROCESS

- Recreation Scholarship Program applications are provided by postal mail or by email.
- Application and required supplemental information can be mailed (attention to Jennifer Venters) Live Oak Park Community Center, 10144 Bogue Street or can be submitted by email, jventers@templecity.us.
- If approved, a 50% or 75% scholarship discount will be applied toward recreation programs offered through the City of Temple City's Parks and Recreation. The $10 Administrative Fee for all classes, sports, and/or programs are NOT discounted.
- Scholarship recipients must pay the remaining registration fee for enrollment. Enrollment for classes, sports, and programs are provided on a first-come first served basis.
- Scholarships awarded are dependent on the availability of program funds.
- Incomplete applications will not be processed and may eventually be denied. Notification of an incomplete application will be provided by postal mail and/or email.
- Applicant will be notified by mail and/or email if the application is approved.

INCOME GUIDELINES

Please be advised that the below income qualifications reflect the dates of July 1, 2023 – June 30, 2024. The income limits will be updated in accordance to HUD for the dates of July 1, 2024 – June 30, 2025 once received by the City. Updated income limits may or may not affect your scholarship discount.

Household Size	*Income limits are subject to change
2	$80,750
3	$90,850
4	$100,900
5	$109,000
6	$117,050
7	$125,150
8	$133,200

If you are unsure what information to provide, department staff is available to answer your questions.
Temple City Parks & Recreation Department (626) 285-2171 ext. 4515.

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Recreation Scholarship Program Application – *July 1, 2024- June 30, 2025*

Applicant must provide the following forms and documents:

- ☐ Individual Annual Income Self-Certification Form and supporting financial documents for each adult
- ☐ Household Income Self-Certification Form
- ☐ Copy of Driver's License or California I.D. and utility bill with matching name and address for each adult
- ☐ Copy of school transcript for each minor(s) living at residence, if applicable

Applicant First Name	Last Name
Address, City, State, Zip	
Email	Cell Phone

Adults Living at Residence (Not Including Applicant)	
First and Last Name	**Relationship to Applicant**

Minor(s) Living at Residence		
First and Last Name	**Demographic Code (see last page)**	**Date of Birth**

Under penalties of perjury, I declare that I have verified the information provided to be true, correct and have accurately included all sources of income and residency. I understand that supporting documentation can be requested by the City to further prove income and/or residency.

Signature **Relationship to Minor(s)** **Date**

INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION FORM

Household Member (Print Name):_____

INSTRUCTIONS: To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except full time students. The Household Member must then sign this statement to certify that the information is complete and accurate, and that income documentation is provided with application.

Source of Income	Annual Income in Dollars
Salary	
Self-Employed Profits	
Social Security (SS)	
Supplemental Security Income (SSI)	
Social Security Disability (SSD)	
California Work Opportunity and Responsibility for Kids (CalWORKs)	
CAL FRESH	
Temporary Assistance for Needy Families (TANF)	
Pension	
Alimony	
Child Support	
Unemployment Insurance	
Interest from Bank Accounts and Cash Funds	
Rental Property Income	
Other Income Not Shown Above Sources:	
TOTAL GROSS ANNUAL INCOME:	

☐ **Check here if you are a household member age 18 or older with no income and certify by signing below.**

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the Temple City Youth Scholarship Program Administrator.

Signature	Printed Name	Date

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.

AGENCY INCOME DOCUMENTATION CALCULATION WORKSHEET

Source of Income	Gross Monthly Income	Documentation
Salary		• Copies of last 3 paychecks (not older than 6 months); or • Federal or State income tax returns or W-2 forms (not older than one year); or • Employment and salary documentation form.
Self-Employed Profits		• Copy of IRS Form 1040/1040A (tax return) for the last year; or • Notarized affidavit stating prior year's estimated annual income.
Social Security (SS)		*The following must not be older than six (6) months unless noted:* • Copy of applicant's monthly award check; or • Copy of applicant's benefit verification letter *(applicant can request from local Social Security office)*; or • Form SSA-2458 (*applicant can request from local Social Security office*); or • Form SSA-1099 (*yearly benefit statement that may not be older than one (1) year*); or • Written certification from awarding agency verifying monthly benefits; or • Copy of bank statement showing direct deposit of applicant's award check.
Supplemental Security Income (SSI)		
Social Security Disability (SSD)		
California Work Opportunity and Responsibility for Kids (CalWORKs)		• Award letter stating the amount of applicant's benefit; or • Copy of applicant's most recent bi-monthly award check(s); or • Written statement from Caseworker stating the applicant's benefit amount; or • Written certification from awarding agency verifying monthly benefits;
Temporary Assistance for Needy Families (TANF)		
Pension		• Copy of applicant's most recent pension check/payment stubs; or • Copy of pension award letter showing monthly benefits; or • Bank statement showing direct deposit of applicant's award check.
Alimony		• Copy of applicant's weekly or monthly check or bank statement; or • Court decree establishing payments, (divorce papers); or • Notarized affidavit of child support certifying amount received.
Child Support		
Unemployment Insurance		• Copy of award notice stating applicant's benefit; or • Payment booklet; or • Unemployment notarized affidavit signed by applicant.
Interest from Bank Accounts and Cash Funds		• Letter from bank manager stating interest earned; or • Bank statements showing last twelve (12) months of interest; or • Most recent Federal income tax return showing interest earned; or • Investment statements indicating the amount of dividends earned.
Rental Property Income		*At least two (2) from the following:* • Copy of property rental agreement signed by current tenant showing monthly rent; or • Copy of recent rent check; or • Copy of applicant's income tax return declaring earned rental income (not older than one year); or • Rent receipt book.
Other Income not shown above- List Sources		• Attach documentation to support declaration.

HOUSEHOLD INCOME SELF-CERTIFICATION FORM

(Add Total Income from Individual Annual Income Self Certification Form)

INSTRUCTIONS: This is a written statement documenting the Annual Income, the number of beneficiary members in the family or household, and relevant characteristics of each member for the purposes of income determination. Add the total income amount from the Individual Annual Income Self-Certification Form for all members of the household.

To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. The applicant must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided.

HOUSEHOLD MEMBER INCOME INFORMATION

Name:	Total Annual Income:

**Indicate N/A if householder member does not contribute income.*

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

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the Temple City Youth Scholarship Program.

APPLICANT INFORMATION		
Signature	**Printed Name**	**Date**

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.

DEMOGRAPHIC CODE TABLE

1	American Indian/Alaskan Native & Black/African American - Hispanic	8	Asian – Non-Hispanic	15	Native Hawaiian/Other Pacific Islander – Hispanic
2	American Indian/Alaskan Native & Black/African American - Non-Hispanic	9	Asian & White – Hispanic	16	Native Hawaiian/Other Pacific Islander – Non-Hispanic
3	American Indian/Alaskan Native & White-Hispanic	10	Asian & White – Non-Hispanic	17	Other Race – Hispanic
4	American Indian/Alaskan Native & White-Non-Hispanic	11	Black/African American & White – Hispanic	18	Other Race – Non-Hispanic
5	American Indian/Alaskan Native - Hispanic	12	Black/African American & White – Non-Hispanic	19	White – Hispanic
6	American Indian/Alaskan Native – Non-Hispanic	13	Black/African American – Hispanic	20	White – Non-Hispanic
7	Asian – Hispanic	14	Black/African/American – Non-Hispanic		

OFFICE USE ONLY

Residence Census Tract _____

APPROVED	LIMITED APPROVAL	DENIED
☐ 50% MI & LI (Moderate & Low)	☐ 90 days through _____	☐ Not in 5th District
☐ 75% ELI (Extremely Low)	☐ 30 days through _____	☐ Exceeds Income Limits
	☐ 50% MI & LI (Moderate & Low)	
	☐ 75% ELI (Extremely Low)	

_____ _____

Staff Signature **Date**

_____ _____

Parks & Recreation Director **Date**