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, 2026- June 30, 2027

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

- New Requirement – Under Executive Order 14218, applicants must demonstration eligibility for the program by submitting evidence of citizenship or eligible immigration status and declaring and attesting to said citizenship or eligible immigration status.
- 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, 2024 – June 30, 2025. The income limits will be updated in accordance to HUD for the dates of July 1, 2025 – June 30, 2026 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, 2026- June 30, 2027*

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
- ☐ Immigration Status Declaration Form

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) • Federal and State income tax returns (not older than one year) • 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.

CITIZENSHIP/NON-CITIZEN WITH ELIGIBLE IMMIGRATION STATUS DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, and last name)

☐ **1. CITIZEN OR NATIONAL OF THE UNITED STATES** If you check this block, sign and date Declaration and forward one of the below listed documents as proof of citizenship or naturalization to the name and address specified for the program.

☐ If this block is checked on behalf of a child, the adult who is responsible for the child should provide proof of citizenship and sign and date the Declaration.

- **US passport**: Both valid and expired passports may be used. If your appearance has changed significantly since your passport was issued, you may need to submit a different form of proof of US citizenship.
- **Original or Certified copy of US birth certificate**: showing birth in the US – This must be an original or certified copy of the long-form certificate showing parents' names, issued by the municipality in which you were born.
- **Certificate of Citizenship**: Original or certified copy is or those who acquired citizenship at birth or through other means.
- **US Naturalization Certificate:** Original or certified copy is for those who naturalized
- **Consular Report of Birth Abroad**: if you were born overseas to a US parent, you can submit an original Consular Record of Birth Abroad (Form FS-240) or Certification of Report of Birth (Form DS-1350).

OR

☐ **2. NON - CITIZEN WITH ELIGIBLE IMMIGRATION STATUS** If you check this block, Sign and date Declaration and forward one of the listed documents as proof of legal immigration status to the name and address specified for the program as evidenced by one of the documents listed below:

1. **Form I-551**, **Permanent Resident Card**
2. **Form I-94**, **Arrival-Departure Record**, with one of the following annotations:
    a. "Admitted as Refugee Pursuant to section 207"
    b. "Section 208" or "Asylum"
    c. "Section 243(h)" or "Deportation stayed by Attorney General" or
    d. "Paroled Pursuant to Sec. 212(d)(5) of the INA."
3. **If Form I-94, Arrival-Departure Record, is not annotated**, it must be accompanied by one of the following documents:
    a. A final court decision granting asylum (but only if no appeal is taken)
    b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990)
    c. A court decision granting withholding or deportation or
    d. A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

I certify that the above information is true and accurate, and that supporting documentation can be provided upon request.

_____	_____	_____	_____
Applicant's Signature	Date	Agency's Approval	Date

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**