CITY OF YUCAIPA
Community Services Dept.
34900 Oak Glen Rd.
Yucaipa, CA 92399
909/790-7460
FAX 909/790-2589
www.yucaipa.org

2016/17 Yucaipa Youth Recreational Scholarship Assistance Program Application

The City of Yucaipa has received Federal Community Development Block Grant Funding to provide financial assistance to Yucaipa resident youth to participate in City recreation programs. The program provides low and moderate-income families who live within the Yucaipa City Limits the opportunity to apply for a scholarship for their children who are 17 years of age and under. Residency verification must accompany application. Proof of residency requires any valid photo identification (i.e. driver's license or state- issued ID card), **plus** one of the following:

*Utility Bill
*Property Tax Bill
*Rental Agreement/Lease (with phone bill)

Scholarships may be used to register youth for City sponsored activities at the Yucaipa Community Center.

APPLICATION GUIDELINES (PLEASE READ CAREFULLY)

1. **ELIGIBILITY: YOU MUST BE A CITY OF YUCAIPA RESIDENT AND YOUR INCOME MUST BE WITHIN THE GUIDELINES SHOWN ON THE BENEFICIARY QUALIFICATION STATEMENT ATTACHED TO THIS FORM.** You will be asked to show proof of eligibility to request a scholarship. To show proof of income we will need to see your ***most recent federal income tax form*** listing your gross income.

2. **PROGRAM GUIDELINES:** The Scholarship period will begin August, 2016 and continue until funds either expire or are depleted.

3. **SCHOLARSHIP AWARDS:** Scholarships are awarded on a first come, first served basis for all eligible participants, and funding will be disbursed accordingly- ***if funds are available***.

4. **APPROVAL OF YOUR APPLICATION DOES NOT GUARANTEE RESERVATION OF FUNDS OR REGISTRATION IN ACTIVITIES:** Some activities may not qualify for scholarship awards – please check with the appropriate program area prior to registering. If you qualify for a scholarship, a notice will be put on your ActiveNet account.

(*MUST HAVE CITY OF YUCAIPA ADDRESS)

Complete this Section and all required Sections on the attached Exhibits
(County of San Bernardino Department of Economic and Community Development Exhibits 3a and 3b)

GOOD FAITH STATEMENT

My signature indicates that the information I have provided regarding my proof of residency and household income is accurate and includes all sources of available household income. If there should be any changes in residency and household income during the course of the year that would affect my eligibility for a scholarship, I will report those changes to The Community Services Department before registering for a class.

Parent/Guardian Signature _____ Date _____

Address _____

City _____ Zip Code _____ Phone Number _____

1. A scholarship may be used to register youth for City of Yucaipa programs and activities at the Yucaipa Community Center.

2. List person(s) to receive scholarship:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL

FOR OFFICE USE ONLY:

App. Date: _____ Exp. Date: _____ Total Award: **$** _____

Scholarship #: _____

Notes: Award effective until program funds are expended.

☐ Approved ☐ Internet List ☐ Letter/Notify Participant

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title:	PROJECT/CASE NUMBER:
Yucaipa: Recreational Scholarship Assistance Program	YUCA-16-1-05Z/2484
Name/Address of Contract Agency:	**Date of Issue:**
Community Services Department, City of Yucaipa 34900 Oak Glen Rd., Yucaipa, CA 92399	X Original: Beginning 7/1/2016 ____ Amendment No.:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. **Only one statement per person, per year is required.**

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

How many persons are in your household?_____

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.**

	YES/NO
EXTREMELY LOW-INCOME	_____
VERY LOW-INCOME	_____
LOW-INCOME	_____

	Number of Persons in Your Household							
	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME LIMIT ($)	13,450	16,020	20,160	24,300	28,440	32,580	36,730	40,890
VERY LOW-INCOME LIMIT ($)	22,400	25,600	28,800	31,950	34,550	37,100	39,650	42,200
LOW-INCOME LIMIT ($)	35,800	40,900	46,000	51,100	55,200	59,300	63,400	67,500

* Taken from FY 2016 Income Limits Summary, https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn.

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3. Please indicate how you identify yourself by checking only one of the following choices:

	Hispanic	Non-Hispanic
White	☐	☐
Black/African American	☐	☐
American Indian/Alaskan Native	☐	☐
Asian	☐	☐
Native Hawaiian/Other Pacific Islander	☐	☐
American Indian/Alaskan Native & White	☐	☐
Asian & White	☐	☐
Black/African American & White	☐	☐
American Indian/Alaskan Native & Black/African American	☐	☐
Balance/Other	☐	☐

4. Please check whether you belong to a Female Headed Household: ☐ YES ☐ NO

5. Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:
(Description) _____

_____

_____

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME : _____ DATE : _____

ADDRESS : _____ CITY : _____ ZIP : _____

SIGNATURE : _____ PHONE : _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

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ARACIÓN DE LA CALIFICACIÓN DEL BENEFICIARIO

Esta forma tiene el propósito de proporcionar la información necesaria para calificar el uso de los fondos federales del bloque del desarrollo de la comunidad (CDBG) para el proyecto/actividad descrito arriba. Esta declaración se debe llenar y firmar por la persona (o la tutela legal de la persona) que solicita para recibir beneficios del proyecto/actividad descrito. Solamente una declaración por persona, por año se

Conteste por favor a cada una de las preguntas siguientes.

1. Esta pregunta le ayuda a determinar el tamaño de su casa. En esta pregunta un hogar es un grupo de personas relacionadas o sin relación que ocupan la misma casa por lo menos con un miembro que es la cabeza de la casa. Los inquilinos no se pueden incluir como miembros de la casa.

¿Cuántas personas viven en su casa? _____

2. Esta pregunta explica si usted es de un hogar de ingresos bajos y moderados. Para esta pregunta, la lista de categorías de INGRESOS-ESTREMADO BAJOS, INGRESO-BAJOS *se presenta abajo. Sume por favor para arriba los ingresos brutos anuales combinados de todas las personas en su hogar y de todas las fuentes de los ingresos. En el espacio en blanco, escriba (sí) o (no) si su ingreso anual grueso combinado es igual o menos que la cantidad de INGRESOS-ESTREMADO BAJOS, INGRESOS-MUY BAJOS, INGRESO-BAJOS para el número de personas en su casa.

	Sí/No
INGRESOS-ESTREMADO BAJOS	_____
INGRESOS-MUY BAJOS	_____
INGRESO-BAJOS	_____

	Numero de Personas en su Hogar							
	1	2	3	4	5	6	7	8
INGRESOS-ESTREMADO BAJOS ($)	13,450	16,020	20,160	24,300	28,440	32,580	36,730	40,890
INGRESOS-MUY BAJOS ($)	22,400	25,600	28,800	31,950	34,550	37,100	39,650	42,200
INGRESO-BAJOS ($)	35,800	40,900	46,000	51,100	55,200	59,300	63,400	67,500

* Tomado de FY 2016 Resumen Límites de Ingresos, http://www.huduser.org/portal/datasets/il/il2016/2016summary.odn

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3. Indique por favor cómo se identifica usted, marcando solamente una de las opciones siguientes:

	Hispano	No-Hispano
Blanco	☐	☐
Negro/Afro Americano	☐	☐
Indio Americano/Nativo de Alaska	☐	☐
Asiático	☐	☐
Nativo Hawaiano/Otra Isla del Pacífico	☐	☐
Indio Americano/Nativo de Alaska & Blanco	☐	☐
Asiático & Blanco	☐	☐
Negro/Afro Americano & Blanco	☐	☐
Indio Americano/Nativo de Alaska & Negro/Afro Americano	☐	☐
Balance/Otro	☐	☐

4. Marque por favor si usted pertenece a un hogar encabezado femenino: ☐ Sí ☐ No

5. Describa por favor la condición que le calificaría como siendo considerado en una de las categorías de presumidos ingresos bajos y moderados siguientes: niño abusado, esposo estropeado, persona mayor, persona sin hogar, adulto incapacitado, persona analfabeta, o trabajador migratorio de granja:
(Description) _____

RECONOCIMIENTO Y NEGACIÓN

CERTIFICO BAJO PENA DE PERJURIO QUE LAS DECLARACIONES HECHAS EN ESTA FORMA, ACERCA DE LOS INGRESOS Y DE LAS CUENTAS DE LA CASA SON VERDADERAS.

NOMBRE: _____ FECHA _____

DOMICILIO: _____ CIUDAD : _____ CODIGO : _____

FIRMA : _____ TELEFONO : _____

La información que usted proporciona en esta forma es para los propósitos del programa de fondos del bloque del desarrollo de la comunidad (CDBG) solamente y será mantenida confidencial.