



City of Yucaipa
Community Services Dept.
34900 Oak Glen Rd.
Yucaipa, CA 92399
909-790-7460
Fax 909-790-2589
www.yucaipa.org

2021/22 Recreational Scholarship Assistance Program Application

The City of Yucaipa has received federal Community Development Block Grant funding to provide financial assistance to Yucaipa youth and seniors. The program provides low and moderate-income families, who live in Yucaipa, the opportunity to apply for a scholarship for children 17 years of age and under and Seniors 55 years of age and over. Scholarships may be used to register youth and seniors for City sponsored activities at the Yucaipa Performing Arts Center, Yucaipa Community Center, and Scherer Community Center.

Eligibility requirements:

To qualify for the Recreational Scholarship Assistance Program, items 1, 2, & 3 below must accompany the application.

Residency verification:

1. A valid photo identification (i.e., driver's license or state- issued ID)
2. One of the following:
 - Utility bill (i.e., gas, electric, water or trash)
 - Property tax bill
 - Rental agreement

Proof of income:

3. One of the following:
 - Most recent federal income tax form listing your gross adjusted income
 - Other source of income (i.e., Social Security or public assistance program award letter)

Your income must be within the guidelines shown on the beneficiary qualification statement (Exhibit 3(a), page 1 of 2).

Program guidelines:

The scholarship period will begin August 2021 and continue until funds either expire June 30, 2022, or are depleted. Scholarships are awarded on a first come, first served bases for all eligible participants, and funding will be disbursed accordingly, *as available*.

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.

Complete this section and all required sections on the attached exhibits
(County of San Bernardino Department of Economic and Community
Development Exhibit 3(a) 1 of 2 and 2 of 2)

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 are any changes in residency and/or household income during 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 (print) Date

Address

City Zip Code Phone Number

A scholarship may be used to register youth and seniors for City of Yucaipa programs and activities at the Yucaipa Community Center. Please 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: \$ _____

Notes: Award effective until program funds expire or are expended.

Approved ActiveNet Letter/Notify Participant

In the space provided below, please list the City of Yucaipa activities/programs you would like to participate in and use the 2021/22 Recreational Scholarship Assistance for:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

<u>Project/ Activity Title:</u> Yucaipa: Recreational Scholarships Program	<u>Project/Case Number:</u> YUCA-21-1-05Z/2484
<u>Name/Address of Contract Agency:</u> Community Services Department, City of Yucaipa 34900 Oak Glen Rd., Yucaipa, CA 92399	<u>Date of Issue:</u> <input checked="" type="checkbox"/> Original: Beginning 7/1/2021 <input type="checkbox"/> 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 fiscal year is required (fiscal year begins July 1 and ends June 30).**

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 (\$)	16,600	19,000	21,960	26,500	31,040	35,580	40,120	44,660
VERY LOW-INCOME LIMIT (\$)	27,650	31,600	35,550	39,500	42,700	45,850	49,000	52,150
LOW-INCOME LIMIT (\$)	44,250	50,600	56,900	63,200	68,300	73,350	78,400	83,450

* Taken from FY 2021 Income Limits Summary: <https://www.huduser.gov/portal/datasets/il/il2021/2021summary.odn>

Project/ Activity Title:

Yucaipa: Recreational Scholarships Program

Project/Case Number:

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Community Services Department, City of Yucaipa
34900 Oak Glen Rd., Yucaipa, CA 92399

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

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

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.