

Pasco Youth Financial Assistance Program – General Information

Pasco Recreation Services seeks and receives contributions from HUD Community Development Block Grant Funds, individuals, social groups, clubs, businesses, and service organizations to assist in providing scholarships for youth, enabling them opportunities to participate in Recreation programs.

1. Financial Assistance is awarded to City of Pasco residents only; proof of residency required.
2. Financial Assistance is not guaranteed and are available on an as-needed basis. Information based on Washington state poverty guidelines at a rate of 80% of area median income.
3. Pasco Recreation Youth Financial Assistance Program is funded by HUD Community Development Block Grant Funds and community donations. This program is based on funds available.
4. Each qualifying child will be eligible to receive Financial Assistance as follows:
 - a. Max 3 classes for the January-April and September-December Recreation Guides.
 - b. Max 4 classes for the May-August Recreation Guide
 - c. **Financial Assistance Out of Pocket Payment for City of Pasco programs are as follows:**
 - i. **Programs Under \$100 = 80%**
 - ii. **Programs \$100 and over = 60%**
 - d. **Financial Assistance Discount for Contracted Programs registered on external sites is 50%.**
 - e. A Summer Swim Pass per child is \$20 out of pocket (which is a \$30 discount per child).
5. Financial Assistance expires at the end of April yearly. Renewal is not automatic and begins April 1 for the current year.
6. Financial Assistance applications must be completed prior to the program start date and registration deadline. Stop by the Recreation office Monday-Friday between 8 am-4 pm. This can be a multi-step process and may take multiple visits to complete. Applications will not be accepted on Swim Lesson registration days.
7. Financial Assistance application approval does not automatically register that person into the program of choice. Registration for any program is the responsibility of the family requesting assistance. All payments must be received prior to registration deadlines and participation.
8. All program registration using Youth Financial Assistance must be performed in the Recreation office.

ELIGIBILITY GUIDELINES AND APPLICATION PROCESS:

- Complete the Household Information Form
- Provide proof of City of Pasco Residency
 - This can be in the form of a current utility bill, housing lease, etc. - must be primary residence of participant; a business address is disqualifying.
- Must complete the Income Eligibility Form
 - All adult household members must provide proof of income or sign the Non-Applicant Certification of Income document.
 - Proof of Income – Copy of current year's 1040 tax return (first page with AGI, social security numbers blacked out), Social Security benefits statement, Child Support Letter or DSHS benefits approval letter.
 - Complete the Financial Assistance Application Form
 - Participants 17 years of age and under living within Pasco city limits are eligible for Financial Assistance. **They must be claimed on current taxes** or have birth certificates or visas.

City of Pasco
Household Information Form
 (Please fill out one per household)

HUD Community Development Block Grant Funds make it possible for us to provide housing assistance for Pasco residents. Funding is limited and awarded on a first-come, first income eligible basis.

Household size: _____ **Please return this completed form with your application:**

E	R	Household Member Full Name	Date of Birth	Age	D = Disability (yes or no)	D	

The following information is requested to enable HUD to monitor compliance with Federal Fair Housing and Equal Opportunity Acts. You are encouraged to provide this information. Should you choose not to, please initial where indicated. I do not wish to provide this information _____ (initials)

- E = Ethnicity (please choose one # per person)** 1. Not Hispanic 2. Hispanic
- R = Race (please choose one # per person)** 1. White 2. Asian 3. Asian & White
4. Native Hawaiian/Other Pacific Islander 5. Black/African American 6. American Indian/Alaskan Native
7. American Indian/Alaskan Native & White 8. American Indian/Alaska Native & Black/African American
9. Black/African American & White 10. Other Multi-racial _____

Are you a sole female head of household? _____

Applicant: _____

Address: _____

Telephone #: _____ **Cell #:** _____ **Message #:** _____

E-Mail Address: _____

COP Staff Initials: _____	AGI for Household: _____	EXT LOW LOW MODERATE
		circle one

Recreation Youth Financial Assistance Program

APPLICATION FORM:

PART 1 – PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I, the undersigned, understand that the information given will be kept confidential and may be verified by the local or federal government. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. **I agree to pay any outstanding balance I have on my household account after all Financial Assistance money has been applied.**

PART 2 – CHILD’S INFORMATION (FOR OFFICE USE ONLY)

Child's Name and Date of Birth	May – August Session				September-December Session				January – April Session			
	Class Number	Class Fee	FA Amount	Fee Paid	Class Number	Class Fee	FA Amount	Fee Paid	Class Number	Class Fee	FA Amount	Fee Paid
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												
NAME: _____												
DOB: _____												
E: _____ R: _____												

CHECKLIST FOR OFFICE USE ONLY – COPIES OF ALL FORMS REQUIRED

Receiving Staff: _____ Date Received: _____ HAND OUT GENERAL INFORMATION FORM

Copy of Proof of household income (Social Security Numbers Redacted) ID Copied

1040 income tax return W2's SSI/SSDI Benefit Statement State Assistance income statement form

Copy of Proof of City of Pasco Residency

Current Utility Bill (Power/Water) Housing Lease Other: _____

Date Entered in CDBG: _____ Approved Denied Authorizing Staff: _____

Print Income Eligibility (CDBG Online) Print Self-Certification of Annual Income (CDBG Online)

CDBG ELIGIBILITY: Ext Low Low Moderate

NON BORROWER – CERTIFICATION OF INCOME

(Must be completed by individuals 18 years and older who will be residing in the home)

This form is designed to document household size/income information for individuals who are not applicants and who are 18 years or older and will be residing in the home. (Please make copies for additional household members)

Provide the following information:

Print Full Name: _____

Date of Birth: ____/____/____

Property Address: _____

Check all boxes that apply:

- I am not an applicant, but I acknowledge that I am being included as a household member on the applicant(s) application and,
 - I have sources of income, which may include; wages from employment, welfare, Social Security, SSI, Child Support Attach the following documentation; *3 months current paystubs; income award letter; and Current year's Tax Returns, with all W-2's and attached documents*)
 - I do not have any sources of income nor do I anticipate receiving an income during the next twelve (12) month period (i.e., not working, stay at home parent, etc.)

OR

- I am not an applicant, I am a full-time student, 18 years or older and I acknowledge that I am being included as a household member on the applicant(s) application and,
 - I have sources of income, which may include; wages from employment, welfare, Social Security, SSI, Child Support. Attach the following documentation; *school enrollment documentation; 3 months current paystubs; income award letter; and current year's Tax Returns, with all W-2's and attached documents*)
 - I do not have any sources of income nor do I anticipate receiving an income during the next twelve (12) month period (i.e., not working, stay at home parent, etc.)

By signing, I certify that the information provided to the City of Pasco is true, correct and complete.

Signature

Date