

# Financial Assistance Program GUIDELINES

## FY 2023-2024

1. Participants under the age of 17 must qualify under guidelines established by the Federal Government relative to the income/family size scale. *See Income Limitations below.*
2. Each qualifying household can receive financial assistance up to a maximum of \$150 per child per fiscal year, and \$150 per senior and \$150 per special needs adult, subject to the availability of funds.
3. Children are defined as being ages 17 and under. Seniors are defined as being ages 62 and over.
4. Special Needs Adults are defined as those adults who are developmentally delayed and that receive disability benefits from the federal government or from vocational rehabilitation or other counselor, and are under the care of a guardian.
5. Families/participants must complete an application for qualification each July 1<sup>st</sup> regardless of when they first received scholarship assistance.

The scholarship program cycle begins each July 1<sup>st</sup> and ends June 30<sup>th</sup> of the following year. Each December, staff will evaluate the remaining balance of the scholarship fund to determine if any adjustments are merited through June 30<sup>th</sup> with the goal of expanding the annual scholarship allocation each fiscal year.

Income Limitations				
Family Size	30% limit	31-50%	51-60%	<b>61-80*</b>
1	18,450	30,700	36,840	49,100
2	21,050	35,100	42,120	56,100
3	23,700	39,500	47,400	63,100
4	263,00	43,850	52,620	70,100
5	28,450	47,400	56,880	75,750
6	30,550	50,900	61,080	81,350
7	32,650	54,400	65,280	86,950
8	34,750	57,900	69,480	92,550



**2023-2024**  
**FINANCIAL ASSISTANCE APPLICATION**  
**FOR CHILDREN (17 OR UNDER) AND SENIORS (62 OR OLDER)**  
**AND SPECIAL NEEDS ADULTS AND ADULTS WITH DISABILITIES**  
**FOR RECREATION AND ARTS EDUCATION PROGRAMS**

1. This application must be completed and signed by the person (or legal guardian of the person) requesting to receive financial assistance from the City of Tracy Recreation Division and/or the Cultural Arts Division including the Grand Theatre Center for the Arts.
2. Proof of family income is required. Participants must qualify under the guidelines established by the State Government relative to the income/family size scale (on reverse). Information is kept confidential. ***Your application may be denied if you do not attach a copy of your most recent Federal or State income tax return.***
3. Qualifying households can receive a maximum of \$150 per child (17 years of age or younger) per fiscal year, subject to the availability of funds. Adults (under age 62) are not eligible for funds.
4. Qualifying seniors age 62 or older can receive a maximum of \$150 per fiscal year, subject to the availability of funds. Qualifying seniors do not have to meet the income requirements to be eligible, but must provide verification of age (Current California Driver's License or Identification Card). A Social Security card is not proof of age.
5. Citizens residing outside of the Tracy city limits are not eligible for funding.
6. The period covered by this application begins July 1st and ends June 30th of the following year, **or until the City's funds for this program have been depleted.** Funding received from this application must be used for programs and activities that occur during this application period. You are not guaranteed to receive the full amount of your award as funds are allocated on a first-come first-served basis and may run out prior to the end of the funding period.
7. Submit this completed application, required information along with your class registration form to the City of Tracy Recreation Division at the Grand Theatre Box Office, 715 Central Avenue, during normal business hours. **It may take up to 5 business days to process.**
8. **Note Regarding Transaction Fees:** Select your class registrations carefully because financial assistance funds cannot be used to cover the cost of transaction processing fees you will incur when you withdraw or transfer from a class. The fee is \$5 per transaction and will be due and payable at the time of the withdrawal or transfer. Financial assistance funds cannot be used to cover the cost of supply fees.

<b>Parent / Guardian Name:</b>	
<b>Address</b> <i>(must be within city limits):</i>	
<b>City:</b> Tracy, CA	<b>Zip:</b>
<b>Day Phone:</b>	<b>Evening Phone:</b>

<b><i>Names of all children 17 years of age or younger living at your current address:</i></b>			<b><i>Names of all adults (18 years or older), including you, living in your household at your current address:</i></b>		
<b>Child's Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Adult's Name</b>	<b>Date of Birth</b>	<b>Gender</b>

Please answer each of the following questions to assist us with processing your application.

1. **Check any that apply:** ☐ Senior Age 62 or Older ☐ Foster Family
2. **Number of persons living in your household?** How many adults? \_\_\_\_\_ How many children? \_\_\_\_\_ **Total:** \_\_\_\_\_  
A household is a group of related persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders should not be included as household members.
3. **What is your household combined gross annual income?** \$ \_\_\_\_\_  
Include the total gross annual income of all persons in your household from all sources including Social Security, County Aid, Child Support, Unemployment, Disability etc.
4. **Proof of Income:** Attach the following forms of income verification. Your application will be denied without this information. ***Your application will be denied if you do not attach a copy of your most recent Federal or State income tax return.***
- ☐ Families: Current year's Income Tax Return Form 1040 listing your dependent children; **and**  
☐ Last two paycheck stubs for each adult 18 years of age or older living in your household at your current address;  
**OR**  
☐ If you receive Government assistance, current documentation of assistance.  
**OR**  
☐ Foster Parent: A letter from your certifying Foster Agency.  
☐ Disabled: A valid certification indicating permanent disability.  
☐ Senior: Proof of age (copy of valid driver's license or identification card showing residence within city limits).
5. **Identify yourself as (circle only one):**
- |  |  |  |
|--|--|--|
| 1 - American Indian/Alaska Native          | 6 - White  | 10 - American Indian/Alaska Native <b>and</b> Black/African American |
| 2 - Asian                                  | 7 - American Indian/Alaska Native <b>and</b> White |  |
| 3 - Black/ African American                | 8 - Asian <b>and</b> White                         | 11 - Do not wish to state  |
| 4 - Hispanic                               | 9 - Black/African American <b>and</b> White        |  |
| 5 - Native Hawaiian/Other Pacific Islander |  |  |

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### CLIENT ACKNOWLEDGMENT AND DISCLAIMER

***I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE. I HAVE READ AND ACKNOWLEDGE THE TERMS OF THIS APPLICATION.***

Applicant's Signature: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

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### OFFICE USE ONLY

The combined gross annual income for the total number of persons in the household cannot exceed the LOW-INCOME figures.

#### 2023 Income Limitations for Combined Gross Annual Income (taken from CDBG standard)

Number of Persons in Household	1	2	3	4	5	6	7	8
Income Limitations	\$49,100	\$56,100	\$63,100	\$70,100	\$75,750	\$81,350	\$86,950	\$92,550

- ☐ Application pending additional information (specify): \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Application denied because of: ☐ Income Level **or** ☐ Incomplete Application by: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Application approved and client notified by: \_\_\_\_\_ Date: \_\_\_\_\_
- ☐ Registration subsidy database updated by: \_\_\_\_\_ Date: \_\_\_\_\_