

**City of Pleasanton
Community Services Fee Assistance Program
2013/2014**

CONFIDENTIAL INFORMATION

Date: _____

Individual

Household - (Three or more in family)

Name of Applicant: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Household Members: _____

Household members to be included in the fee assistance program:

	Name	Date of Birth		Name	Date of Birth
1			5		
2			6		
3			7		
4			8		

Employer Information: (List all household member's employers) – Attach separate sheet if necessary

Name: _____

Name: _____

Address: _____

Address: _____

Unemployed

Family currently receives: (Check all that apply, and attach verification)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> AFDC | <input type="checkbox"/> School Lunch Assistance | <input type="checkbox"/> Public Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Unemployment Assistance | |

Family Income Limit*: (Include income of **ALL** family members)

Household Size	Income Limit	Household Size	Income Limit
1	\$47,350	5	\$73,050
2	\$54,100	6	\$78,450
3	\$60,850	7	\$83,850
4	\$67,600	8	\$89,250

Annual family income: \$_____ (See Application Guidelines)

*Source: Department of Housing and Urban Development [HUD], 12/18/13, "low income" (80% of median) limits by household size for the Oakland-Fremont Metro Fair Market Rent area which includes Alameda and Contra Costa counties.

Applicant verification of income attached:

- | | |
|--|---|
| <input type="checkbox"/> Employer verification | <input type="checkbox"/> Social Security/MediCal |
| <input type="checkbox"/> Current Pay Stub | <input type="checkbox"/> Disability Insurance or Unemployment |
| <input type="checkbox"/> Tax Return | <input type="checkbox"/> Other _____ |

I hereby certify that the annual family income indicated on this application represents all adults living in the household and all means of support from employment income and government assistance.

Signature Date

The following optional information will only be used for statistical reporting and is completely confidential:

How did you learn about the Fee Assistance Program? _____

What is your primary household language? _____

Qualified applicants will be considered without regard to race, color, national origin, gender, age, medical condition, marital status, or religious belief.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Community Services Department with advance notice and every attempt will be made to consider your request.

FOR OFFICE USE ONLY

Application received: _____ By: _____
Date Signature

Application approved: _____ By: _____
Date Signature

Residency Verified: Income Verified: Denied:

Funding Amount Approved: \$ _____

Documentation provided for approval: _____

Comments: _____