

TRUCKEE DONNER RECREATION & PARK DISTRICT
APPLICATION FOR FINANCIAL AID

Attachment A

District Policy: The District provides limited assistance funds for recreation programs & memberships. Assistance funds are limited and on a first-come, first-served basis. Award of funds will be based on the family's need for the program and approved based on the State of California Department of Housing and Community Development, Division of Housing Policy Development's *State Income Limits for 2020 for Nevada County (AMI)*.

You may qualify for assistance if the

# of Persons in your Household is	1	2	3	4	5	6	7	8
and your Annual Income is below	\$68,900	\$78,700	\$88,550	\$98,400	\$106,250	\$114,150	\$122,000	\$129,900

Funds requested by: _____

Participant: _____ Age: _____

Address*: _____

Phone # _____ Email: _____

Program/Membership Requested: _____

***Financial Aid requests can take up to two weeks for approval and does not ensure enrollment in a program.
Please refer to our Activity Guide for a list of Scholarship eligible programs and memberships.***

Number in family living in household: _____ Total Annual Income: _____

This information is strictly confidential.

Please email completed application and copy of proof to info@tdrpd.org

- Applicant must provide proof of Residency showing local address with one of the following items: Mortgage Statement, Utility Bill (Gas, Electric or Waste), Car Registration or Property Tax Bill
- Applicant must present one of the following forms of household income verification:
 - a. Prior year's 1040 or 1040 EZ tax return clearly showing Adjusted Gross Income
 - b. WIC or CalFresh (food stamps) card from Nevada County
 - c. PUD Utility Assistance Program
 - d. Social Security Declaration Form
- Please note that assistance will expire after six months of use or by Sept 30th, whichever comes first, for any on-going programs or memberships. You will be required to reapply for further assistance if needed.
- Approved scholarships will be immediately revoked if information provided in Scholarship Program Application is determined to be falsified. You must update the District if there are changes in household income or size.

I hereby certify that all the above information is true and correct, and that deliberate misrepresentation will subject me to denial of future consideration. I also certify that I am the legal guardian of the child referred to.

Signature of Requesting Party

Date

DISTRICT USE:

Date application received: _____ By: _____ Date Verified: _____ By: _____

Approved: _____ Scholarship Granted: _____ Input into Active Date: _____ Denied: _____

Notes: _____