



# 2016 Scholarship Application

*Print name of person completing this application*

## ADULT (HEAD OF HOUSEHOLD)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ Have you received a recreational scholarship in the past? Yes/No

## CHILD #1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Recreational Activity Requested: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Organization Phone: \_\_\_\_\_ Organization Email: \_\_\_\_\_

## CHILD #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Recreational Activity Requested: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Contact: \_\_\_\_\_ Organization Phone: \_\_\_\_\_ Organization Email: \_\_\_\_\_

PROOF OF EASTVALE  
RESIDENCY, SUCH AS A  
UTILITY BILL, AND PROOF  
OF INCOME, SUCH AS A 2014  
OR 2015 IRS FORM 1040,  
MUST BE ATTACHED TO  
THIS APPLICATION

Project Name: \_\_\_\_\_

File No.: \_\_\_\_\_

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
2014-2015**

*CERTIFICACION PARA EL SERVICIO PUBLICO DE LA AGENCIA*  
(no es para uso de actividades de vivienda)

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**NUMERO DE FAMILIA, INGRESO, Y ITNICIDAD**

Escribir en letra de imprenta

Nombre: \_\_\_\_\_

Direccion: \_\_\_\_\_

Ciudad y Estado: \_\_\_\_\_ Codigo Postal \_\_\_\_\_

2) **CATEGORIA:** Yo me considero en una de las categorías siguientes (por favor marque SOLAMENTE una de las categorías):

- (A) \_\_\_ Adulto Mayor de 60 años o más
- (B) \_\_\_ Persona Desabilitada
- (C) \_\_\_ Trabajador Agrícola Migratorio
- (D) \_\_\_ Sin Hogar
- (E) \_\_\_ Ninguna de las categorías mencionadas

2) **NUMERO DE FAMILIA (solamente uno):** 1  2  3  4  5  6  7  8

3) **INGRESO FAMILIAR:** El ingreso de mi familia, hasta el presente es: \_\_\_\_\_

Note: Igreso familiar se significa el ingreso total de todas las personas viviendo en el mismo hogar que son relacionados por nacimiento, matrimonio o adopción y que estan beneficiando de las actividades (servicios publicos, o creacion de trabajos, qué beneficia a el individuo o a la familia). (Ref. 24 CFR 570.3)

**La prueba de Ingresos recibió**  Sí  No **La fuente de la Prueba** \_\_\_\_\_ **Verificado por** \_\_\_\_\_

4) **ETNECIDAD:** (Solamente seleccione una de las categorías de razas/multi-razas la cual lo describe a usted).

**Categoría de raza individual**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

**Categoría de Multi-raza**

- American Indian/Alaskan Native & White
- Black/African American & White
- Hispanic/Black/African American
- Hispanic/American Indian/Alaskan Native
- Hispanic/Native Hawaiian/Other Pacific Islander
- Hispanic/American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Hispanic/American Indian/Alaskan Native & Black/African American
- Otro (solamente seleccione si ninguna de las categorías mencionadas se idenfican con su itnicidad).
- Asian & White
- Hispanic/White
- Hispanic/Asian
- Hispanic/Asian & White
- Hispanic/Black/African American & White

**BENEFICIARIO:** Yo, \_\_\_\_\_ en \_\_\_\_\_, reconosco que los requisitos para asistencia financiada por el programa CDBG es basado sobre teniendo ingreso familiar que califique y que el nivel de ingresos que yo e certificado a en esta certificacion-de mismo son actuales come de el dia de la firma y puede ser sometido a más verificación por el beneficiario y/o HUD y yo autorizo tal verificacion y facilitare documentos que comprueben si es necesario.

Project Name: \_\_\_\_\_

File No.: \_\_\_\_\_

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR  
2014-2015**

*SELF-CERTIFICATION FOR PUBLIC SERVICE AGENCY CLIENTELE*  
(not for use on housing activities)

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**INCOME AND FAMILY SIZE**

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip \_\_\_\_\_

1) **CATEGORY:** I consider myself in one of the following categories (please check ONLY one):

- (A) \_\_\_\_ Senior Citizen                      (C) \_\_\_\_ Migrant Farm Worker              (E) \_\_\_\_ None of the above
- (B) \_\_\_\_ Physically Challenged              (D) \_\_\_\_ Homeless

2) **FAMILY SIZE** (check ONLY one): 1  2  3  4  5  6  7  8

3) **FAMILY INCOME:** My current family yearly income from all sources is: \_\_\_\_\_

Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (public services or job creation, which benefit an individual or family). (Ref. 24 CFR 570.3) *Based on 2015 Income Limits, effective March 6, 2015*

**Proof of Income received**  Yes  No      **Source of Proof:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

4) **ETHNICITY:** (Select ONLY one out of the Single-race or Multi-race categories).

**Single race category**

- White     American Indian/Alaskan Native
- Black/African American                       Native Hawaiian/Other Pacific Islander
- Asian

**Multi-race category**

- American Indian/Alaskan Native & White                       Asian & White
- Black/African American & White                                       Hispanic/White
- Hispanic/Black/African American                                       Hispanic/Asian
- Hispanic/American Indian/Alaskan Native                       Hispanic/Asian & White
- Hispanic/Native Hawaiian/Other Pacific Islander                       Hispanic/Black/African American & White
- Hispanic/American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American
- Hispanic/American Indian/Alaskan Native & Black/African American
- Other Multi-race (ONLY if, non-of-the-above categories identifies you).

**BENEFICIARY:** I, \_\_\_\_\_ on \_\_\_\_\_, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.

# FY 2016 Income Limits Documentation System

## Effective March 28, 2016

Riverside County, California										
FY 2016 Income Limit Area	Median Income	FY 2016 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Riverside County	\$61,400	<u>Extremely Low (30%) Income Limits</u>	\$13,450	\$16,020	\$20,160	<b>\$24,300</b>	\$28,440	\$32,580	\$36,730	\$40,890
		<u>Very Low (50%) Income Limits</u>	\$22,400	\$25,600	\$28,800	<b>\$31,950</b>	\$34,550	\$37,100	\$39,650	\$42,200
		<u>Low (80%) Income Limits</u>	\$35,800	\$40,900	\$46,000	<b>\$51,100</b>	\$55,200	\$59,300	\$63,400	\$67,500

NOTE: Riverside County is part of the **Riverside-San Bernardino-Ontario, CA MSA**. The **Riverside-San Bernardino-Ontario, CA MSA** contains the following areas: Riverside County, CA; and San Bernardino County, CA.

For details on the calculation steps for each of the various parameters, please click the "Median Income" column heading or <https://www.huduser.gov/portal/datasets/il/il16/index.html> (Income Limits Calculations).

Income Limit areas are based on FY 2016 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated [FY 2016 Fair Market Rent documentation system](#).