

City of Carlsbad Opportunity Grants Program Application

Applications Accepted April 16, 2019 - December 31, 2019 Only

2019

Complete form and return with proof of residency document to any community center or the swim complex.
 You can also mail it to: **Parks and Recreation Department, Opportunity Grants, 799 Pine Avenue, Suite 200, Carlsbad, CA 92008**

Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
Street Address	City/Zip	Email	

HUD Guidelines for very low income- MSA 2018 San Diego County

Household Size	Monthly Income	Annual Income
1	\$2,841	\$34,100
2	\$3,245	\$38,950
3	\$3,650	\$43,800
4	\$4,054	\$48,650
5	\$4,379	\$52,550
6	\$4,712	\$56,550
7	\$5,029	\$60,350
8	\$5,354	\$64,250

Do you receive Section 8 benefits? Yes No

Household Income: Must include unmarried couples and all working adults.

Sources of Income	Monthly Total	Received by which household member?
A. Gross wages/salary (before taxes/deductions)	\$	
B. Social/Supplemental Security Income	\$	
C. Public Assistance	\$	
D. Alimony	\$	
E. Child Support	\$	
F. Unemployment	\$	
G. Other	\$	
TOTAL MONTHLY INCOME	\$	Add items A+B+C+D+E+F+G

All information provided on this application will be kept confidential.

I certify that the above information is correct. I will notify the program immediately if there are any changes, including my income, number of household members, place of residence, and phone number. I understand that the Opportunity Grants Program is a privilege and not a right, and that it is subject to the income verification statements submitted by me. I certify that I will submit all copies of applicable documents related to income verification at time of interview, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program.

I have read the above statement and understand it.
 PLEASE NOTE: Both parents/guardians need to sign and date below

FOR INTERNAL USE	
Approved _____	Not-Approved _____
Expiration Date _____	

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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NOTE: Opportunity Grants are approved based on available funds.

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Members in household:

Name	Relationship	Birth date if under 18 years	Foster child or Ward of Court? Yes/No	Receives Income? Yes/No