



Financial Assistance Program

Application Instructions

Thank you for your interest in the City of Rancho Cucamonga Community Services and Library Services Programs. We are looking forward to serving you and creating memorable experiences. The Financial Assistance Program was established to ensure that all Rancho Cucamonga residents are offered an opportunity to participate in a variety of Community Services Department and Library Services classes, programs, and memberships.

1. The Financial Assistance Program is available only to residents of Rancho Cucamonga and is applied to eligible Community Services Department and Library Services classes, programs, and memberships.
2. With the completed application, please include the following documents (when applicable):
 - ✓ Proof of Rancho Cucamonga Residency – A current utility bill in applicant’s name
 - ✓ Proof of Identity – A government issued photo identification (driver’s license, state issued ID)
3. This program utilizes the U.S. Department of Housing and Urban Development (HUD). Please note that maximum gross income criteria is based on family size (see income qualifications in the box below).

- A copy of most recent year federal tax return (showing dependents – eligible recipients)
- Proof of dependents (if no tax return is available - birth certificate, medical card, immunization card for each eligible assistance recipient)
- Copies of two (2) most recent employment check stubs for all members of the household
- If unemployed, statement indicating your weekly benefit
- Proof of other support/income: (child support, alimony, current statement for Cash Assistance, Cal Fresh, Social Security, SSI Disability, Unemployment)

HUD Income Limits – San Bernardino County	
Household Size	Annual Gross Income
1	\$44,200
2	\$50,600
3	\$56,900
4	\$63,200
5	\$68,300
6	\$73,500
7	\$78,400
8	\$83,450

4. The Financial Assistance Program will pay up to half (50%) of the primary activity fee for the designated classes, programs, services and/or memberships until the funds have been exhausted. Financial Assistance may not be applied to ticketed events, facility rentals, field rentals, park shelter rentals, deposits, program material fees, snack bars and drop-in programs.

Financial Assistance funding provided by this program:

- Seniors – 50 years of age and older – \$200 for designated CSD Programs; and \$200 for Library Services Programs
- Youth – 17 years of age and under – \$300 for designated CSD Programs and up to \$300 more for designated CSD pre-K/early learning & day camp programs; and \$300 for Library Services Programs.

The maximum amount of annual assistance for CSD Programs is \$600 for Youth and \$200 for Seniors. The maximum of annual assistance for Library Services Programs is \$300 for Youth and \$200 for Seniors.

5. Applications and documentation should be submitted to Central Park/Goldy S. Lewis Community Center a minimum of 1 week prior to the start of the class or program.
6. Only one application per household is required each funding year. An new application may be submitted if the household income has changed, household size has increased and/or an eligible recipient has been added to the household. Supporting documentation for any changes may be required.



Financial Assistance Program

2021/2022 Application

All information submitted is confidential and used only to determine program eligibility.

Applicant's Name: _____

Address: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____ Date of Birth: _____

Funding Category: Senior (50 year of age and older) Youth (17 years of age and younger)

1. Household Monthly Income: \$ _____

Wages or Salary \$ _____ Unemployment \$ _____

Public Assistance \$ _____ Disability and/or Social Security \$ _____

Alimony and/or Child Support \$ _____ Other \$ _____

2. Number of persons residing in household: _____

3. List the names and birth dates of eligible recipients:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Please return this application and supporting documentation to the Rancho Cucamonga Community Services Department:

Mail or In-person: Central Park / Goldy S. Lewis Community Center
Attn: Financial Assistance Program
11200 Base Line Road, Rancho Cucamonga, CA 91701

E-mail: FinancialAssistance@cityofrc.us

For more information or assistance, please call the Community Services Department at (909) 477-2765.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that false or incorrect statements shall be sufficient cause for denial of my application.

Applicant's Signature: _____ Date: _____

Staff Use Only

Approved

Not Approved _____

Staff Signature

Date



City of Rancho Cucamonga

CDBG Program Participant Information

FY 2021-2022 | July 1, 2021- June 30, 2022



You have chosen to register in a program funded in whole or in part by a Community Development Block Grant (CDBG). By registering and participating in this program you agree to provide the following information. This information is collected for reporting purposes only. Reported data does not contain identifiable information. **Please complete this form in its entirety.**

Participant Information

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____

Zip: _____ Best Contact Phone: _____

Female Head of Household: (check only if applicable)

Participant Family Income

Number of individuals in the family: _____

Based on the income level noted in the chart, please check the box to describe your income level:

2021 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Extremely Low	\$16,600	\$19,000	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660
Low	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
Moderate	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

Income Category: Extremely Low Low Moderate Other / Above Moderate

Participants Race & Ethnicity

Please check the appropriate box for the race (single or mixed) of the participant. If the participant is of Hispanic ethnicity, please check that box as well.

Single Race

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Multiple Race Combinations

- American Indian or Alaskan Native & White
- Asian and White
- Black or African American and White
- American Indian or Alaskan Native and Black of African American
- Other

Hispanic Ethnicity* (check only if applicable)

*The Hispanic Ethnicity Category cuts across all races. Those who are White, Black, Asian, Pacific Islander, American Indian, or multi-race may also be counted as being Hispanic.

Participant or Parent/Guardian Signature: _____ Date: _____