

Child's name: _____

Bay Oaks Recreation Center – CDBG Application
Youth Programs – Club Rec After School and Summer Camp

The Town of Fort Myers Beach Youth Programs are partially funded with Community Development Block Grant Funds through the US Department of Housing and Urban Development (HUD). In accordance with Federal Regulations, clients receiving services are required to provide information on household size and gross annual household income. The information will be used to report program data to HUD.

HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD (include all people - - Parents, Grandparents, Siblings, relatives, significant others, etc)

2 3 4 5 6 7 8 9 10

CHILD'S ETHNICITY AND RACE: (circle one Ethnicity and one Race)

Ethnicity: **Hispanic**
Non-Hispanic

Race: **White**
Black/African American
Asian
American Indian/Alaskan Native
Native Hawaiiin/Other Pacific Islander
American Indian/Alaskan Native and White
Asian and White
Black/African American and White
American Indian/Alaskan Native and Black/African American
Other Multi-racial

DISABILITY

Is the Child physically or mentally impaired? **Impaired** _____ **Not Impaired** _____

HOUSEHOLD INCOME: Please complete the following about your Household income.

(Include income from all people residing in the house: Parents, Grandparents, relatives, significant others, etc). Income information must be provided even if backup documentation is #3 on page 2.

Source of Income	Yearly Gross Of All people living in Home
Employment (gross wages, salaries – before taxes)	\$
Net income from operation of business	\$
Interest, Dividends, or income from real or personal property	\$
Social Security, Annuities, Insurance Policies, Retirement, Pensions,	\$
Disability, Unemployment, Worker's compensation, Severance pay	\$
TANF/Welfare	\$
Alimony	\$
Social Security	\$
Child Support	\$
Armed forces regular pay, special pay, allowances	\$
Food Stamps	\$
Other (describe)	\$


(OVER)

Child's name: _____

Items that can be used to support income reported on Page 1:

- **Federal Income Tax Return.** From each resident of the household over 18. This is acceptable ONLY if the income sources(s) is(are) the same and the household income is expected to remain consistent with the income reported on the return **AND** if the household size has not decreased.
- **Copies of pay stubs.** From each resident of the household over 18. Provide stubs for at least one month's wages. Calculate yearly Gross Income (not the net take home income) as follows:
 - Weekly pay period gross amount X 52
 - Bi-weekly pay period gross amount X 26
 - Bi-monthly pay period gross amount X 24
 - Monthly pay period gross amount X 12
 For self-employed persons, complete a self-certification form estimating the GROSS income for the year.
- **Documentation that the household qualifies for another program intended for low to moderate income beneficiaries.** TANF, Food Stamps or other federal, state or local program. Documentation can be an award letter from the awarding agency, a monthly benefit statement, etc. (If other people reside in the Household that are not listed on these documents those people will need to provide proof of income.)

I certify that all information provided on this application is correct and complete to the best of my knowledge. I understand that the information will be reviewed and may be verified. If any information is found to be incomplete or inaccurate, I understand that participation in this program may be denied or terminated.



This information is being collected because Community Development Block Grant (CDBG) funds are used to partially fund the Youth Program. This federal grant program requires demographic information to be reported in order to continue program funding. Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful or false statements, or misrepresentation of any material fact involving the use or obtaining federal funds.

I authorize the Town of Fort Myers Beach to obtain verification of any information listed on this application, including information pertaining to my household income.

Guardian's Name (printed)

My Child's Name – first & last

Signature

Date

Program Provider: Bay Oaks Rec Center – Youth Programs
Program Year: FY2017 (October 2016 – September 2017)