

Full name of children/Date of Birth

1. _____
Name (mm/dd/yy)

2. _____

3. _____

4. _____



Official Use Only:

Address Verified

Approved: Denied:

Approved by: _____
CS Initials

Date: _____

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Applicant Name
(parent/guardian):

First Last Birthdate/required

Address:

Street Address City State Zip Code

Phone: Email/required:

The purpose of the Rec-Link Program is to provide reduced recreation fees to allow low income families of the City of San Leandro to participate in youth recreation programs. In order to comply with federal regulations, you are required to provide the following information to determine eligibility (and for statistical reporting purposes). If your application is approved, each child under the age of 17 will be eligible for a 25% reduction of fees per class with a total of \$250.00 grant towards our programs.

PLEASE CIRCLE YOUR HOUSEHOLD SIZE AND ANNUAL INCOME GROUP

Household Size	Extremely Low Income (< 30% AMI)	Very Low Income (31-50% AMI)	Low Income (51-80% AMI)
2	\$0 – 29,750	\$29,751 – 49,600	\$49,601 – 78,850
3	\$0 – 33,450	\$33,451 – 55,800	\$55,801 – 88,700
4	\$0 – 37,150	\$37,151 – 61,950	\$61,951 – 98,550
5	\$0 – 40,150	\$40,151 – 66,950	\$66,951 – 106,450
6	\$0 – 43,100	\$43,100 – 71,900	\$71,901 – 114,350
7	\$0 – 46,100	\$46,100 – 76,850	\$76,851 – 122,250
8	\$0 – 49,050	\$49,051 – 81,800	\$81,801 – 130,100

The information I have provided in this application is true and correct to the best of my knowledge. I am aware that this information may be verified by the Federal Government.

In the event that the City of San Leandro Recreation and Human Services Dept requests additional information or verification, I agree to provide such information as required.

Applicant Signature

Date

Official Use Only:

Determining Official:

Date:

REC-LINK PROGRAM

The purpose of the Rec-Link Program is to provide reduced recreation fees to allow City of San Leandro low income families to participate in youth recreation and child care programs. Funds are limited and subject to availability, approval and limits.

Please Note: If all information is not provided, this may cause a delay in processing your application which may result in the denial of your application.

HOW TO APPLY: Review and complete all information before signing. Complete the Rec-Link Application form on the reverse side for Reduced Cost Recreational Programs offered through the City of San Leandro Recreation and Human Services Department. **Submit the Rec-Link application, photo ID* and verification of income**.** Rec-Link funds are limited to \$250 per fiscal year, per child ages 17 or younger.

RESIDENCY VERIFICATION*: Photo **ID is required** to verify incorporated City of San Leandro address. If your ID does not prove residency, a current utility bill will be required.

NOTE: Customers living in the unincorporated area of San Leandro do not pay taxes to the City of San Leandro, therefore they are considered Non-Residents and not eligible for Rec-Link.

CURRENT INCOME & VERIFICATION:** In order to be eligible for Rec-Link, your family must meet federal low income guidelines. Please provide a **copy of your current federal tax income return** (page 1 showing the Adjusted Gross Income – Form 1040 or 1040EZ)

CONFIDENTIALITY

Family size and household income will remain confidential. The City reserves the right to check on information provided anytime during the fiscal year (July 1-June 30)

The Rec-Link process takes 3-5 business days to process. You will be contacted if we require additional information or verification on your application. If you do NOT hear from our office 5 days after your application has been submitted the application has been approved.

By signing below, I acknowledge I have read the above and understand the Rec-Link guidelines and information provided.

Applicant Signature

Date