City of Lathrop PARKS & RECREATION

Date Received

2026-2027
Activity Fee Assistance Fund

ACTIVITY FEE ASSISTANCE FUND APPLICATION CHECKLIST

- ☐ **2026-2027** Activity Assistance Fund Application.
- ☐ San Joaquin County Beneficiary Qualification Statement.
- ☐ Federal Funding Statistical Information Form.
- ☐ Income Verification Documentation for EVERY Adult in the Household; examples include: Public Assistance Grant Verification, Copy of Previous Year's 1040 Tax Form, Three Current Employment/Unemployment Stubs, Worker's Compensation Payment Verification, Social Security Insurance Verification or State Disability Income Verification.
- ☐ Proof of Residency: Lathrop water bill in the name of the resident.

GENERAL INFORMATION

The City of Lathrop Activity Fee Assistance Fund is designed to assist qualifying Lathrop residents with registration fees for Parks, Recreation, and Maintenance Services Department Programs.

The City of Lathrop receives funding for the Activity Fee Assistance Fund from various revenue sources including the Community Development Block Grant (CDBG) Program. The U.S. Department of Housing and Urban Development (HUD) administers this program and monitors the City as to head of household, income, and ethnicity of program service recipients. The information being 1requested is not meant for public dissemination but only for monitoring and auditing purposes.

Approved residents will be eligible for a maximum of up to $250.00 per fiscal year (July 1-June 30) to be used as stated above. Financial assistance will be granted to pay **seventy-five percent (75%)** of program fees as long as funds are available. Activity Fee Assistance funds are issued on a first come first serve basis.

ELIGIBILITY REQUIREMENTS

- Activity Fee Assistance Funds are available for **Lathrop residents** only.
- Residents receiving a Public Assistance Grant (AFDC or General Assistance) automatically qualify for assistance; **income verification must accompany the application.**
- Residents not receiving public assistance must show proof that the total household income is at or below the current HUD guidelines. Proof of Income Documentation includes:
  - Last year's Income Tax Forms with signature page (1040, 1040A, 1040EZ, 1040 Sched C)
  - Three current employment/unemployment stubs
  - Worker's Compensation Payment Verification
  - Social Security Insurance Verification
  - State Disability Income Verification
- **INCOME VERIFICATION IS NEEDED FOR ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER, RELATED OR NOT.**

HUD SAN JOAQUIN COUNTY GUIDELINES

Family Size	Maximum Yearly Income	Maximum Monthly Income
1	$60,550	$5,045
2	$69,200	$5,766
3	$77,850	$6,487
4	$86,500	$7,208
5	$93,450	$7,787
6	$100,350	$8,362
7	$107,300	$8,942
8	$114,200	$9,517

APPLICATION PROCEDURES

- Applications may be picked up from the following locations:
  - Lathrop Community Center
    15557 Fifth Street, Lathrop, CA 95330
  - Lathrop Generations Center
    450 Spartan Way, Lathrop, CA 95330
  - Lathrop Senior Center
    15707 Fifth Street, Lathrop, CA 95330
  - Parks and Recreation Department Website
    https://www.ci.lathrop.ca.us/parksrec/page/parks-recreation-forms
- Applications will be accepted throughout the fiscal year until all funds have been depleted. New fiscal years begin every July 1.
- Incomplete applications will not be accepted and staff will not make any copies of documents.
- Complete applications must include:
  - **2026-2027** Activity Assistance Fund Application
  - Federal Funding Statistical Information
  - S.J. County Beneficiary Qualification Statement
  - Income Verification Documentation
- Administrative staff will review all completed applications for funding eligibility within two weeks from date received, at which time a final determination letter will be mailed to the applicant.
- Applications must be renewed annually.

Application Processing & Notification:	Two weeks from the date received by City Staff
Funds can be used:	Upon Receipt of Notification (must be after **July 1, 2026**)
Program End:	**June 30, 2027**, when funds are no longer available, or residents have used the maximum amount of up to $250.00.

Applicant Name: _____

Address: _____ Lathrop, CA 95330

Mailing Address (if different): _____ Lathrop, CA 95330

Day Phone: _____ Evening Phone: _____

Number of persons in household (including self): _____

Name, Gender & Birthdates of Children
(17 Years of Age and Younger)
Living at Current Address:

Child's Name	M/F	Date of Birth

Name, Gender & Birthdates of ALL Adults
(18 Years of Age and Older)
Living at Current Address

Adult's Name	M/F	Date of Birth

What is your household's gross monthly income? _____

Are you receiving Aid for Dependent Children or General Assistance? Yes _____ No _____

Are you a single income family? Yes _____ No _____

Proof of Income, Federal Funding Statistical Information Form & San Joaquin County Beneficiary Qualification Statement MUST ACCOMPANY THIS APPLICATION

Acceptable Proof of Income Documentation includes one or more of the following original documents: Last year's Income Tax Return, three current employment/unemployment stubs, Social Security Insurance information, State Disability Insurance information, Workman's Compensation information, or Federal Aid to dependent children information for **ALL ADULTS IN HOUSEHOLD, RELATED OR NOT.** Copies will be made and the original will be returned to you.

Penalty for False or Fraudulent Statement

U.S. Code, Title 18, Section 2002, provides that a fine of up to $10,000.00 or imprisonment for a period not to exceed (5) five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing to be false.

I certify that the above information is accurate and true to the best of my knowledge.

Signed _____ Date _____

S.J. COUNTY BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for providing public services. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits.

Please answer each of the following questions.

1. This question helps you to determine the size of your household. For this question, a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or boarders cannot be included as household members.

2. This question asks if you are from a very low-income or low income household. For this question a list of VERY LOW-INCOME AND LOW-INCOME categories are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income.
   Example: There are four (4) persons in your household. The combined gross annual income of all persons in your household is $54,050 According to the income categories below, the combined gross annual income amount for four (4) persons in your household must be equal to or less than $54,050 (VERY LOW-INCOME) or cannot exceed $86,500 (LOW-INCOME).

Combined Gross Annual Income Limits

FY 2026 Income Category	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits	37,850	43,250	48,650	**54,050**	58,400	62,700	67,050	71,350
Extremely Low Income Limits	22,750	26,000	29,250	**33,000**	38,680	44,360	50,040	55,720
Low (80%) Income Limits	60,550	69,200	77,850	**86,500**	86,500	100,350	107,300	114,200

In the blank space provided, write the number of persons in your household from Question #1 and your combined gross annual income from question #2:

_____ **Number of Persons in the Household**

_____ **Combined Gross Annual Income**

3. Race/Ethnicity:

___ Asian
___ African Am.
___ Asian & White
___ Am. Indian/Alaskan Native & White
___ Am. Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander
___ African Am. & White
___ White
___ Other Multi-Racial
___ Am. Indian/Alaskan Native & Black/African Am.

Hispanic:

___ Asian
___ African Am.
___ Asian & White
___ Am. Indian/Alaskan Native & White
___ Am. Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander
___ African Am. & White
___ White
___ Other Multi-Racial
___ Am. Indian/Alaskan Native & Black/African Am.

4. Please state, **yes** or **no**, if you are a female Head of Household? _____

CLIENT ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

SIGNATURE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.

Federal Funding Statistical Information

The following information is required by the Federal Government from all those who receive grant funding. Please list the number of children who will be receiving funding in the appropriate categories and return this form with your Activity Assistance Fund Application. Thank you for your cooperation.

Name (optional): _____

Number of Children:

Race/Ethnicity:

___ Asian
___ African Am.
___ Asian & White
___ Am. Indian/Alaskan Native & White
___ Am. Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander
___ African Am. & White
___ White
___ Other Multi-Racial
___ Am. Indian/Alaskan Native & Black/African Am.

Hispanic:

___ Asian
___ African Am.
___ Asian & White
___ Am. Indian/Alaskan Native & White
___ Am. Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander
___ African Am. & White
___ White
___ Other Multi-Racial
___ Am. Indian/Alaskan Native & Black/African Am.

OFFICIAL USE ONLY

Date Received: _____ Date Letter Sent: _____

Approved: Yes _____ No _____ Low Income: _____ Very Low Income: _____

Signature: _____