



CITY OF ENCINITAS

PARKS, RECREATION and CULTURAL ARTS DEPARTMENT Activity Assistance Instructions and Application

The City of Encinitas offers Activity Assistance to families who meet residency and income qualifications. Upon completion and approval of an Activity Assistance Application, each eligible participant may receive up to a 50% discount on the program registration fee.

Funding Availability

Funds are limited and granted on a first-come, first-served basis and is limited to \$300 per child per fiscal year. Requests are evaluated individually and being awarded financial assistance does not guarantee future assistance.

Participant Guidelines

Participants must reside in Encinitas (92024) or Cardiff-by-the-Sea (92007), be 18 years or under and have a financial need that would prevent them from participating in a program(s) offered through the Encinitas Parks, Recreation and Cultural Arts Department.

Income Eligibility Guidelines

If total household income is the same or less than the amounts on the income scale below, children in the family will be eligible for a discount on youth recreation programs. Household means a group of related, or non-related, individuals living as one economic unit and sharing living expenses, including rent, clothes, food, and medical and utility bills.

Household size	Annual Income
2	\$105,950
3	\$119,200
4	\$132,400
5	\$143,000
6	\$153,600
7	\$164,200
8	\$174,800

Program Eligibility

Eligible programs include youth recreation programs offered by the City of Encinitas Parks, Recreation and Cultural Arts Department.

Complete an **Activity Assistance Application**, provide verification items listed below, and sign and return the application **prior** to registering for a recreation program. The application will not be reviewed or approved unless it contains all of the information requested and is signed by an eligible adult member of the household.



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A percentage of the activity fee is due at the time of registration. Payment plans may be available and are the responsibility of the applicant. Final payment is required prior to the start of the activity. **Unpaid balances, at the start of an activity, will result in withdrawal of the participant from the activity.** No credit or refund is given for activity assistance.

VERIFICATION and SUBMITTAL

Applications must be accompanied by copies of the following:

1. Signed copy of the first two pages of a current 1040 Federal Income Tax Form or other government issued form that verifies annual household income and total number in household
2. Current pay stub
3. If unemployed a current unemployment statement
4. Current proof of residency (utility bill)
 - a. Bank statements do not provide proof of residency
5. Submit completed applications to:

Attn: Administrative Division
Encinitas Parks, Recreation and Cultural Arts Department
505 S. Vulcan Avenue
Encinitas, CA 92024

NONDISCRIMINATION

Activity assistance recipients will be treated in the same manner as those that pay full price for the same service. City of Encinitas is an equal opportunity public entity and does not discriminate based on race, color, ethnic origin, national origin, sex, religion or physical or mental disability.

CONFIDENTIALITY

All applications and enclosed documents filed with the City of Encinitas Parks, Recreation and Cultural Arts Department are confidential and used for the exclusive purpose of determining financial assistance. The information provided on the Activity Assistance Application will not be given to anyone that is not part of the City of Encinitas Parks, Recreation and Cultural Arts Department staff.

QUESTIONS

If you have any questions or need assistance in completing the application, please contact PRCA@EncinitasCA.gov or 760.633.2740.



CITY OF ENCINITAS PARKS, RECREATION and CULTURAL ARTS DEPARTMENT Activity Assistance Application

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____	
LAST	FIRST
Address _____	
STREET	CITY STATE ZIP CODE
Home Phone _____	Work Phone _____
Email Address _____	

CHILDREN INFORMATION

Name: Last, First	DOB	Grade	Name: Last, First	DOB	Grade
1.			4.		
2.			5.		
3.			6.		

HOUSEHOLD AND ANNUAL INCOME

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name, First	Household Size	Total Household Annual Income
1.		\$
2.		\$
3.		\$

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on City programs and officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

Signature of adult household member completing this form Date

Office Use Only			
Date Received _____	Received By _____	City Pays \$ _____	Parent Owes _____