



BOYS & GIRLS CLUB
OF SOUTHWEST COUNTY
Temecula | Murrieta | Lake Elsinore

Clubhouse: Great Oak

New/Renewal:

Date:

Child's Name: _____ Age _____ Gender: _____

Parent's Name: _____

Address: _____

Phone #: _____

July 1, 2025

Dear Parent(s):

We will need the following financial information to process your application; we are unable to process your application without **ALL** of the information.

Determination of eligibility is based on guidelines and qualification data provided by the county. The criteria that we utilize are based upon the number of family members and the gross family income.

STEP #1- ATTACH AND CHECK OFF EACH ITEM BEFORE SUBMITTING APPLICATION

_____ A letter stating how this scholarship will help your family.

_____ Copy of 2024 Federal Income Tax Return (If you're not required to file, we need a letter from IRS stating that you do not have to file). We cannot process your application without one of these items.

_____ Last 3 paycheck stubs, unemployment payments, disability payments, foster care payments or any other income you receive, for all family members with an income. All documents must be current and original. ***No photos**

_____ Copy of most current bank statement(s) – all pages

_____ Copy of alimony and child support ruling or payment(s) if you receive either.

_____ If you are on any financial assistance, a letter of eligibility and the amount you receive.

_____ Proof of RCOE Application

STEP #2 - FILL OUT ALL OF THE ATTACHED INFORMATION.

STEP #3 – SUBMIT ALL INFORMATION TO THE CLUB.

STEP #4 – ALLOW 2 WEEKS TO PROCESS YOUR COMPLETED APPLICATION. YOU WILL BE NOTIFIED BY PHONE.

If you have any questions, please contact our Finance Department at (951) 699-1526 ext 106.

Employee Initial:

CDBG Public Service Intake Form

Participant Name:		Date:
Address:		
City:	Zip:	
Contact Number:	Email Address:	

FAMILY COMPOSITION AND INCOME - PLEASE ENTER THE REQUIRED INFORMATION FOR ALL FAMILY MEMBERS:
(Income documentation or declaration of no-income is required for all family members in the household over the age of 18)

List all family members	Age	Relationship to Head of Household <small>(Spouse, Child, Other etc.)</small>	Annual Income Check all that Apply <small>(from all sources)</small>
Head of Household			\$ _____ Source:
Name Member 2			\$ _____ Source:
Name Member 3			\$ _____ Source:
Name Member 4			\$ _____ Source:
Name Member 5			\$ _____ Source:
Name Member 6			\$ _____ Source:
Name Member 7			\$ _____ Source:
Name Member 8			\$ _____ Source:

This program is funded by a federal grant and we are required to collect certain information for reporting purposes. **This information is confidential** and will be used to compile statistical data only. Please fill in the following information:

1. Head of Household (Check One): Female Male
2. Ethnic Background (Check One): Hispanic Non-Hispanic
3. Racial Background (Check One):

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

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under the penalty of perjury, I certify that the above information is true and correct

APPLICANT SIGNATURE

DATE

Staff Use Only

Proof of Residency Documentation (Please Check One):

Driver's License Utility Bill Other: _____

I certify that the documentation presented confirms the information provided on the intake form. Proof of Income Attached and Verified by:

Staff Name: _____

Staff Signature: _____ **Date:** _____

Household Size	30% of AMI Equal to or less than 30% of Area Median	50% of AMI 31% to 50% of Area Median	80% of AMI 51% to 80% of Area Median
1	\$23,500	\$39,200	\$62,650
2	\$26,850	\$44,750	\$71,600
3	\$30,200	\$50,350	\$80,550
4	\$33,550	\$55,950	\$89,500
5	\$36,250	\$60,450	\$96,700
6	\$38,950	\$64,900	\$103,850
7	\$41,650	\$69,400	\$111,000
8	\$44,300	\$73,850	\$118,150

Based on 2025 Median Family Income for the Riverside – San Bernardino Metropolitan Area