



Clubhouse: MUR

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** 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 the IRS stating that you do not have to file). We cannot process your application without one of these.
- _____ Last 3 paycheck stubs, unemployment payments, disability payments, foster care payments or any other income you receive, for all family members with 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.
- _____ Confirmation of RCOE Subsidy Submission

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:

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM YEAR

2025-2026

SELF-CERTIFICATION FOR PUBLIC SERVICE AGENCY CLIENTELE

(Not for use on housing activities)

INCOME AND FAMILY SIZE

Please Print

Name: _____

Address: _____

City & State: _____ Zip _____

3) **CATEGORY:** I consider myself in one of the following categories (please check ONLY one):

- (A) _____ Senior Citizen (C) _____ Migrant Farm Worker (E) _____ None of the above
(B) _____ Physically Challenged (D) _____ Homeless

2) **FAMILY SIZE** (check ONLY one): 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

3) **FAMILY INCOME:** My current family yearly income from all sources is: _____

Note: Family income means the total income of **all people** living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (public services or job creation, which benefit an individual or family). (Ref. 24 CFR 570.3) *(Based on 2025 Income Limits, effective 6/1/2025)*

Proof of Income received ☐ Yes ☐ No **Source of Proof:** _____ **Verified by:** _____

4) **ETHNICITY:** (Select ONLY one out of the Single-race or Multi-race categories).

Single race category

- ☐ White ☐ American Indian/Alaskan Native
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Asian

Multi-race category

- ☐ American Indian/Alaskan Native & White ☐ Asian & White
☐ Black/African American & White ☐ Hispanic/White
☐ Hispanic/Black/African American ☐ Hispanic/Asian
☐ Hispanic/American Indian/Alaskan Native ☐ Hispanic/Asian & White
☐ Hispanic/Native Hawaiian/Other Pacific Islander ☐ Hispanic/Black/African American & White
☐ Hispanic/American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Hispanic/American Indian/Alaskan Native & Black/African American
☐ Other Multi-race (ONLY if, non-of-the-above categories identifies you).

BENEFICIARY: I, _____ on _____, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self-certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.