PROGRAM PASSPORT APPLICATION

2016-2017 Program Year

HOW TO APPLY:

- Complete the Application
- Attach proof of Roseville residency (copy of current utility bill or drivers license/id card)
- Attach 1 month most recent proof of household income (copy of current pay-stubs or TANF print-out)
- Attach a copy of current 1040 taxes (only dependents listed on 1040 will receive a passport)
- Sign & submit **Program** Passport Application, with supporting documents, to:
  City of Roseville, Parks, Recreation & Libraries Department 311 Vernon St. Roseville, CA 95678

Please note that 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. Applicants must apply annually for this program.

PLEASE NOTE: Funding for the Program Passport is contingent upon available grant monies

Parent Name: _____ Phone #: _____ Parent Age: ____

Address: _____ ZIP: _____ E-mail: _____

Please list ALL persons living at the above address: (adult & children):

Name	Birthdate	Sex	Relationship

Current Household GROSS monthly income (please refer to eligibility requirements for supporting info needed):

Applicant $_____ **+** Spouse $_____ **+** Other $_____ **=** **TOTAL** $_____

I certify under penalty of perjury that the undersigned owns the property and that all the information provided on this application is true and correct.

_____ Date: _____

Applicant's Signature

Applicant Race/Ethnicity (For grant statistical purposes only – Please check all that apply)

RACE

☐ White
☐ Black/African American
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native AND White
☐ Black/African American AND White
☐ Asian AND White
☐ American Indian or Alaska Native AND Black/African American
☐ Other _____

HISPANIC/LATINO ETHNICITY: ☐ Yes ☐ No

☐ Yes, Mexican/Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Hispanic/Latino: _____

ALSO CHECK IF:

☐ Female Head of Household
☐ Handicapped/Disabled

Applications will be reviewed <u>within 1 week of receiving ALL documents</u>

For Parks, Rec.,& Libraries Staff use only:

☐ Approved ☐ Denied

Date: _____ Staff: _____

☐ Spoke to ☐ Left Msg.

☐ YPP