



The City of Commerce Department of Parks and Recreation offers a reduced annual registration fee for youth from low-income families. The purpose of this financial assistance program is to provide opportunities to the underrepresented and economically disadvantaged youth in our City. The Outreach Program reduces the registration fee a family pays. Complete the Participant Information Section, Section A-Household Income Information, and **either** Section B-Proof of Income **or** Section C-Proof of Assistance and submit with the required documentation and membership application.

Participant Information

Resident Activity Card Number: _____ Sport/Program: _____
 Date: _____ Parent Name: _____
 Participant's Legal Name: _____
Last Name First Name Middle Name Preferred Name
 Participant's Birth Date: _____ Gender:
Month Day Year M F
 Participants's Current Address: _____
Street City State Zip Code
 Contact Phone Number: _____ Email Address: _____

Section A: Household Income Information

Household Size: _____ Gross Annual Household Income: _____
 Form of Income: _____ Verified by: _____
Office Use
 Number of Dependent Minors Ages: 0-10 years _____ 11-17 years _____

Dependent Information: (Children under 18)	
Name	DOB

Section B: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [Source: CA Dept of Social Services Emergency Food Assistance Program (TEFAP) 2024 Income Guidelines]

Number in Family	Gross Annual Income
2	\$48,034.00
3	\$60,677.00
4	\$73,320.00
5	\$83,613.00
6	\$98,606.00
7	\$111, 249.00
8	\$123,892.00
Over 8, add for each	\$12,643.00 each

OR-----Section C: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

- Aid to Families with Dependent Children
- Social Security Disability Insurance
- Food Stamps (CalFresh)
- Temporary Assistance to Needy Families (CalWORKs)
- Supplemental Security Income
- Women, Infant and Children's Program (WIC)
- Medicaid/Medi-cal
- Children's Health Insurance Plan
- Section 8 Public Housing

Acknowledgement

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate.

Parent/Guardian Signature

Date

OFFICE USE ONLY

APPROVED BY: _____ APPROVAL DATE: _____

DENIED BY: _____ REASON DENIED: _____