

## **Conejo Recreation & Park District**

## **Confidential Request for Financial Assistance**

Parent/Guardian Name:								
Name(s) of Recipient(s):								
Location(s) of Preferred Prog	ram(s):							
Total Annual Household Inco		Number of Household Members:						
Address:	Ci	City:			Zip:			
Phone:	E-r	nail:	l:					
Have you received Financial	Assistance from	the Conejo Recr	eation & Park [	District before?				
Yes Enclose a bri	ef Reflection Let	ter regarding h	ow the previous	assistance was	beneficial to yo	our family.		
No Enclose a bri	ef Letter of Nee	d explaining hov	w receiving assi	stance would be	e beneficial to y	our family.		
	MAXIM	UM HOUSEHOI	LD INCOME GU	IDELINES				
U.S. Departmen	t of Housing &	Urban Develop	ment – Income	Limits for Vent	tura County (20	20		
<u>1 Person</u> * <u>2 Persons</u> \$39,250 \$44,850	3 Persons \$50,450	4 Persons \$56,050	<u>5 Persons</u> \$60,550	6 Persons \$65,050	7 Persons \$69,550	8 Persons \$74,000		
	* Applicable	e for Therapeuti	c Recreation ap	plicants only.				
APPLICATION AGREEMENT								
Please allow up to two week	s for processing	J. CRPD staff wi	ll contact you o	once your appli	cation has beer	n processed.		
I hereby certify that all the all reported. I understand that the District staff will verify the application will result in the i of the associated program(s)	nis information in nformation on mmediate cance	s given for the r the application. llation of any fe	eceipt of Conejo I understand e waivers I have	o Recreation & that any delibe e received, and I	Park District fur rate misreprese will be respons	nds, and that the entation on this ible for total fee		
Full Name of Applicant (Please Print	)	Signature of A	pplicant		Date			