



Livermore Area
Recreation and Park District
An independent special district

FINANCIAL ASSISTANCE APPLICATION

Use blue or black ink; print clearly

Date: _____

Applicant(s) Parent/Guardian (if under 18): _____

Address: _____ City: _____ State/Zip: _____

Home Phone: _____ Daytime: _____ Cell Phone: _____

Email: _____

Family Information

Family Size: _____ Adults: _____ Children: _____ Monthly Family Income: \$ _____

Our Family Currently Receives:

SSI Food Stamps Disability Public Assistance
Rental Assistance Other: _____

Proof of Income: Do not mail information, please bring the following with you to the interview.

1. Copies of the most recent one month's worth of consecutive pay stubs for any parent who lives in the household. (For Example: If you get paid weekly, there should be four pay stubs; bi-weekly, two pay stubs, etc.)
2. Proof of residency (Utility bill/lease agreement)
3. Current tax return (not W-2)
4. Verification of any other source of income (child support, disability, public assistance, unemployment, etc.)

Class I want to enroll in:

Name of Participant: _____ Activity #: _____

Name of Class/Activity: _____ Start Date: _____

I hereby certify that all provided information and documentation is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please mail or fax this completed application to:

LARPD, 4444 East Ave, Livermore, CA 94550

Attn: Youth Services

Fax: 866-757-2214 www.larpd.org Phone: 925-960-2480

Do not write below line – Administrative Use Only

FOR LARPD USE:

Application Complete (including proof of assistance) Signed: _____ Date: _____