

# PROGRAM PASSPORT APPLICATION

2017-2018 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 316 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.**

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

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

### RACE

- |  |  |
|--|--|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native AND White                  |
| <input type="checkbox"/> Black/African American                    | <input type="checkbox"/> Black/African American AND White                            |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Asian AND White   |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____   |

**HISPANIC/LATINO ETHNICITY:**  Yes  No

- |   |  |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban                        |
| <input type="checkbox"/> Yes, Puerto Rican    | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

### ALSO CHECK IF:

- |   |   |
|---|---|
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Handicapped/Disabled |
|---|---|

**\*\*\*Applications will be reviewed within 1 week of receiving ALL documents\*\*\***

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

Approved  Denied

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Spoke to  Left Msg.

YPP