

# City of Palo Alto Fee Reduction Program for Low Income and Disabled Residents

Youth (ages 17 & under), seniors (ages 60 & over) and disabled residents may be eligible for the Fee Reduction Program which offers a 25% or 50% discount with a \$300 subsidy cap per eligible person based on **household income**. Discounts apply to the following offerings:

Most Arts & Sciences, Recreation, and Open Space programs, workshops and classes including: summer camps, classes, swim lessons, middle school athletics, therapeutic classes, and lap swim admissions.

A \$300 subsidy cap will be applied per eligible member. **Unused funds do not carry over into another year.**

Program participants must register for classes in person, by mail, or fax.

## Eligibility:

- Youth, seniors, and disabled residents of Palo Alto or children of City of Palo Alto employees who meet the household income guidelines and are able to provide the documentation requested to verify low income and/or disability.
- Any child enrolled in a PAUSD school, but not a resident of Palo Alto. The household must also meet low income guidelines and/or disability qualifications and provide documentation.

**Table of Eligibility Based on Maximum Annual Household Income**

Size of Household	50% Discount	25% Discount
1	\$36,750	\$53,000
2	\$42,000	\$60,600
3	\$47,250	\$68,150
4	\$52,500	\$75,700

Size of Household	50% Discount	25% Discount
5	\$56,700	\$81,800
6	\$60,900	\$87,850
7	\$65,100	\$93,900
8	\$69,300	\$99,950

## Application Process:

Complete application and submit the documentation required on the application for verification of residency or PAUSD enrollment --- and income verification. All information provided will be reviewed and verified for accuracy.

Applications and supporting documents can be faxed-in, mailed-in, or dropped off at the Lucie Stern Community Center. Discount is valid for one year. **Reductions will only be applied to future registrations.** Please allow 1-2 days processing time.

## Disability Eligibility Guidelines:

Program participants will receive a 50% discount, with a \$300 subsidy cap per qualified person.

Size of Household	Maximum Annual Household Income
1	\$73,824
2	\$84,300
3	\$95,000
4	\$105,500

Size of Household	Maximum Annual Household Income
5	\$114,000
6	\$122,280
7	\$130,800
8	\$139,200



# Fee Reduction Program Application

**Names:** Please list all family members in your household as well as D.O.B. for anyone under 17 years old.

_____ Parent	_____ Name	_____ Date of Birth	
_____ Parent	_____ Name	_____ Date of Birth	
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Daytime Evening

## Residency Verification

Please provide one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> California Drivers License | <input type="checkbox"/> Telephone Bill               |
| <input type="checkbox"/> Utility Bill               | <input type="checkbox"/> City of Palo Alto Employee   |
| <input type="checkbox"/> Lease                      | <input type="checkbox"/> Other (please specify) _____ |

## PAUSD Enrollment Verification

For Non Palo Alto Residents who's child is enrolled in a PAUSD school, please provide one of the following:

- Report Card
- Letter from school on school letterhead verifying enrollment of student
- Other (please specify) \_\_\_\_\_

## Annual Household Income Verification

- Tax Return from previous year (two years if self-employed) \_\_\_\_\_ **and one of the following:** \_\_\_\_\_
- Current Utility bill if a participant of the Utility Rate Assistance Program
- Current Social Services Award Letter or Medi-Cal Card
- PAUSD Free/Reduced Lunch Program documentation
- Two current pay stubs for all current earners

## Disability Verification

- Social Services Award Letter **or** One Document Verifying Household Income \_\_\_\_\_ **and one of the following:** \_\_\_\_\_
- Letter from M.D. or licensed psychologist certifying disability status
- Disability documentation from the Department of Motor Vehicles

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY: 25% 50%**

**Valid Thru Date:** \_\_\_\_\_