

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

Youth (ages 17 & under) and seniors (ages 60 & over) 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**. Disabled residents of Palo Alto that meet the household income guidelines may receive a 50% discount.

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.**

Eligibility:

- Youth, seniors, and disabled residents of Palo Alto or children of City of Palo Alto employees who meet the total household income guidelines and are able to provide the documentation required to verify low income and/or disability. If you do not have a tax return, applicants must provide two additional documents to verify total household income (listed on other side)
- Any child enrolled in a PAUSD school. The household must also meet low income guidelines and/or disability qualifications and provide documentation.

**Table of Eligibility Based on Maximum Annual Household Income
(Based on Santa Clara County HUD Income Guidelines, 2015)**

Size of Household	50% Discount	25% Discount	Size of Household	50% Discount	25% Discount
1	\$37,250	\$59,400	5	\$57,450	\$91,650
2	\$42,550	\$67,900	6	\$61,700	\$98,450
3	\$47,850	\$76,400	7	\$65,950	\$105,250
4	\$53,150	\$84,900	8	\$70,200	\$112,050

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. Participants must re-apply annually. Application forms will only be accepted after current discount has expired. **Reductions will only be applied to future registrations.**



CITY OF
**PALO
ALTO**

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"/> CA Driver's License | <input type="checkbox"/> Telephone Bill |
| <input type="checkbox"/> Palo Alto Utility Bill | <input type="checkbox"/> City of Palo Alto Employee |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Other (please specify) _____ |

PAUSD Enrollment Verification

Non Palo Alto Residents 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

Required: Tax Return (Showing Total Annual Gross Income) 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: _____