



## City of Antioch Recreation Department ADULTS/SENIORS (Age 50 & Over) FEE ASSISTANCE PROGRAM

Dear Applicant:

Would you like to register for an Adult or Senior recreation program, but can't because of a limited family budget? Financial assistance may be available through our Adults/Seniors Scholarships. Funding is provided by donations and the City of Antioch.

To be eligible, you must be age 50 and older, an Antioch Resident, and meet the household income requirements. A maximum scholarship of \$375.00 per eligible adult/senior is available for this 18-month application period (July 2024-December 2025), as long as funds are available.

### Documents Required:

- Completed Application (both pages)
- Provide copies of one of the following: Two current pay stubs, other proof of income (disability, unemployment, retirement, child support, social security, etc.), or current proof of assistance/support received by household (CalFresh, CalWorks, housing assistance, etc.).
- Proof of residency by providing a copy of a current PG&E, water, or garbage bill, or lease/rental agreement in the Applicant's name at an Antioch address.

*\*\*Other documents may be submitted if the above forms cannot be provided. Call for more information.*

### Timeline:

- July 2024: Begin accepting applications; funds awarded to completed applications on a first come, first serve basis. Please allow 10-14 days to review your application.
- Scholarship funds are awarded *once per application period* (July 2024-December 2025). Once spent, any further registration fees are paid out-of-pocket. Funds are not transferrable and may only be used towards *new* registrations.
- December 19, 2025: Cutoff date for registrations using scholarship funds.

**Please Note: All scholarship funds for each adult/senior must be applied to registrations no later than 5:00pm on Friday, December 19, 2025.**

- If funds awarded to you are not spent in full by the above date, your household will NOT be eligible to apply for scholarship funds in the following year (January-December 2026).
- You may choose to receive an award amount of \$75, \$150, \$250, or \$375 to use towards registrations between July 2024-December 2025. Please specify on your application how much you would like to receive (page 2 of Application, #8). This allows funding to be available for more adults/senior to have access to our programs.

**CITY OF ANTIOCH RECREATION DEPARTMENT**  
**Adult/Senior (Age 50 & Older) Fee Assistance Program (July 2024-December 2025)**

In accordance with the Americans with Disabilities Act, if special accommodations are needed at any stage of the application process, please inform staff.

**CONFIDENTIAL INFORMATION:**

1. Adult Last Name	Adult First Name	Gender	Age	Birth Date

**2. Adult Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone 1:** (\_\_\_\_) \_\_\_\_\_ **Phone 2:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**3. Emergency Contact** (*other than Applicant*): \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**4. Yearly Household Income:** \$ \_\_\_\_\_ **Total # of Persons in Household:** \_\_\_\_\_

**5. Income Verified By:**  Tax Return     Pay Stubs     Social Security (SSI)     Child Support  
 State Disability/Unemployment (SDI/EDD)     Other: \_\_\_\_\_

**6. Household currently receives (please check all that apply):**     No Assistance  
 CalWORKs/TANF     Café Costa Program     General Assistance     Medi-Cal  
 CalFresh/SNAP     Housing Assistance     Other: \_\_\_\_\_

**7. Attach proof of assistance, prior year tax returns, current pay stubs/disability/unemployment payments, and evidence of child/spousal support as applicable. Refer to cover letter for details about required documents.**



**I hereby certify that the annual household income indicated above represents all means of support from employment income, government assistance, etc. and that the information I provided is true and correct to the best of my knowledge.** I acknowledge and understand that the information provided here will be relied upon for the purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**- Please Continue on Page 2 -**  Antioch Resident

**Office Use Only:** Application completed?  Yes  No    Within HUD limits?  Yes  No    Awarded \$ \_\_\_\_\_    Staff Initials \_\_\_\_\_

**8. How much would you like to receive in scholarship?** Funds are awarded once in this application period (July 2024-Dec. 2025) and are not transferrable. Maximum allowance for this application period is \$375.00.

- \$75.00
- \$150.00
- \$250.00
- \$375.00

The following information is only used for statistical reporting and is completely confidential. Applicants will be considered without regard to race, color, religion, sex, national origin, familial status, handicap, age, marital status, sexual orientation, ancestry, and source of income.

**11. Please identify your racial category. Read through all and check only one box.**

Check Only One:	Race
<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Black/African American AND White
<input type="checkbox"/>	American Indian/Alaska Native AND White
<input type="checkbox"/>	Asian AND White
<input type="checkbox"/>	American Indian/Alaska Native AND Black/African American
<input type="checkbox"/>	Other Multi Racial

### **STAFF USE ONLY – Scholarship Income Limits for 2024/25**

# in Household <i>from front page</i>	<b>Household Income Limits</b> <i>On the SAME LINE as “# in Household”</i> <i>check the income range that includes the household’s annual income from the front page</i>	
<b>Check one:</b>	<b>0 - 80% AMI</b>	<b>INCOME LIMITS TABLE UPDATED EACH YEAR</b> AMI = Area Median Income. Income limits effective April 2024 for Contra Costa County, CA. Source: U.S. Department of Housing & Urban Development (HUD). Median Family Income: \$155,700
<input type="checkbox"/> 2	\$0 - \$96,650	
<input type="checkbox"/> 3	\$0 - \$108,750	
<input type="checkbox"/> 4	\$0 - \$120,800	
<input type="checkbox"/> 5	\$0 - \$130,500	
<input type="checkbox"/> 6	\$0 - \$140,150	
<input type="checkbox"/> 7	\$0 - \$149,800	
<input type="checkbox"/> 8+	\$0 - \$159,500	

**Staff Use Only:**

Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_