



2025-2026 Financial Assistance Program- Application and Income Certification Form

Please Print

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

EMAIL: _____

FAMILY SIZE (this number should match your tax return):

1 2 3 4 5 6 7 8

FAMILY INCOME: My current family yearly income from all sources is: \$ _____

Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (this number should match your tax return)

To accurately determine your household income, you must include the income of all persons residing in your home from all sources.

Approved Document for Income Verification

You may provide a copy of your 2025 or 2026 Federal Tax Return for Income Verification **OR** If not available, you may provide proof of participation in approved assistance programs such as CalWORKs (TANF), WIC, CalFresh (SNAP), Medi-Cal/Medicare, SSI, or SSDI.

NOTE: Financial assistance is based upon income verification and funding availability. Assistance will be given on a first-come first-served basis until funds have been exhausted. All funds awarded must be used prior to June 30, 2025.

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing the services.

Signature:

Date:

Office use only

Tax return year _____ Annual income _____ Verified by _____

