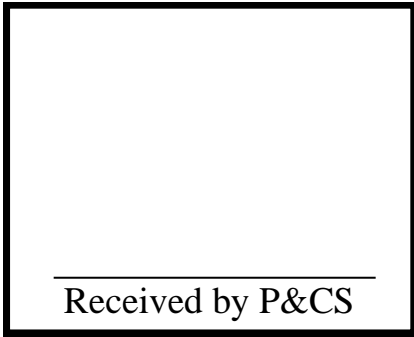




APPLICATION FOR SERVICES

Return to:
City of Benicia
Parks & Community Services
370 East L Street
Benicia, CA 94510



Received by P&CS

NAME _____ SOCIAL SECURITY # _____

ADDRESS: _____

MAILING ADDRESS _____
(if different from above)

WORK/CELL # _____ HOME PHONE _____

EMAIL ADDRESS _____

PROOF OF RESIDENCY
(Please circle one. Most current document must be provided.)

PG & E BILLING PHONE BILL BENICIA UTILITY BILL OTHER _____
(subject to approval)

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOW
(Please circle one)

TOTAL NUMBER OF FAMILY MEMBERS RESIDING IN YOUR HOUSEHOLD: _____

LIST FAMILY MEMBERS RESIDING IN YOUR HOUSEHOLD LISTING YOURSELF FIRST:

| NAME | DATE OF BIRTH | RELATIONSHIP | MONTHLY GROSS EARNINGS |
|----------|---------------|--------------|------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ |

(if additional space is needed, please attach an additional page listing other family members)

PLEASE INDICATE THE TYPES OF SERVICES YOU ARE SEEKING

ARE WAGES/SALARY PAID: WEEKLY EVERY TWO WEEKS SEMI-MONTHLY MONTHLY
(Please circle one)

EMPLOYER _____ ADDRESS _____
(List all- use separate sheet if needed)

SUPERVISOR/ MANAGER _____ EMPLOYER TELEPHONE _____

POSITION _____ LENGTH OF EMPLOYMENT _____

PREVIOUS EMPLOYER _____ TELEPHONE _____

I UNDERSTAND THAT IF FINANCIAL INFORMATION FOR MYSELF OR OTHER RESIDING FAMILY MEMBER CHANGES, I MUST SUBMIT A NEW APPLICATION. I ALSO UNDERSTAND THAT IF I CHANGE MY NAME OR MY CHILDREN'S NAMES, I MUST PROVIDE THE COURT ORDER APPROVING THE CHANGE.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION I HAVE PROVIDED IN AND WITH THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT DATE PRINT NAME

(FOR OFFICE USE ONLY)

RESIDENCY TEST NO YES
HAS PROOF OF RESIDENCE BEEN ATTACHED? _____

ELIGIBILITY TEST
DO ATTACHED PAY STUBS INDICATE APPLICANT IS PAID? _____

WEEKLY? IF YES, (PS1 + PS2)/ 2 * 52 PAY PERIODS= ANNUAL INCOME \$ _____

EVERY OTHER WEEK? IF YES, (PS1 + PS2)/ 2 * 26 PAY PERIODS= ANNUAL INCOME \$ _____

SEMI-MONTHLY? IF YES, (PS1 + PS2)/ 2 * 24 PAY PERIODS= ANNUAL INCOME \$ _____

MONTHLY? IF YES, (PS1 + PS2)/ 2 * 12 PAY PERIODS= ANNUAL INCOME \$ _____

COMPLETE ABOVE FOR EACH PLACE OF EMPLOYMENT AND EACH INCOME PROVIDER

TOTAL MONTHLY CALCULATIONS FROM PAGE 2 * 12 PAY PERIODS \$ _____
USE ADDITIONAL PAGES IF NECESSARY

TOTAL ANNUAL INCOME FOR THE FAMILY \$ _____

I HAVE REVIEWED THE APPLICATION AND VERIFY THAT IT HAS BEEN FULLY COMPLETED. I HAVE REVIEWED ALL THE REQUIRED VERIFICATION DOCUMENTATION AND FOUND IT TO BE COMPLETE AND TO MATCH THE INFORMATION ON THE APPLICATION.

BASED ON THE DOCUMENTATION PROVIDED TO CONFIRM APPLICANT RESIDES IN BENICIA, THE APPLICANT
DOES DOES NOT MEET THE RESIDENCY CRITERIA.

BASED ON THE INCOME CALCULATIONS ABOVE AND INCOMES LISTED ON THIS APPLICATION, THE ANNUAL INCOME IS ESTIMATED TO BE \$ _____ FOR THE NEXT 12 MONTH PERIOD FOR A FAMILY OF _____.

BASED ON THE ABOVE WORK, THE FAMILY **IS IS NOT** ELIGIBLE TO PARTICIPATE IN THE PROGRAM.

SIGNATURE TITLE DATE