



**Community Services Department  
Fee Assistance Program  
FY 2016/17**

*If you need assistance completing the Fee Assistance Application or need more information, please call (925) 931-5340.*

**CONFIDENTIAL INFORMATION**

Date: \_\_\_\_\_

Individual

Household (Two or more in family)

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

List all family members (including yourself) reflected on your tax return

Name	Date of Birth	M/F	Name	Date of Birth	M/F

**Employer Information:** *(List all household member's employers) – Attach separate sheet if necessary*

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Annual household income in 2015:** \$ \_\_\_\_\_

**Number of people in your Household:** \_\_\_\_\_

**Proof of Residency required at time of application.**

**Documentation of income required:**

2015 Federal Income Tax Return **AND** current pay stub

**OR**

2015 Social Security Statement **AND** current bank statement.

I hereby certify that the annual household income indicated on this application represents all persons living in the household and all means of support from employment income and government assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following optional information will only be used for statistical reporting and is completely confidential:

How did you learn about the Fee Assistance Program? \_\_\_\_\_

What is your primary household language? \_\_\_\_\_

Qualified applicants will be considered without regard to race, color, national origin, gender, age, medical condition, marital status, or religious belief.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Community Services Department with advance notice and every attempt will be made to consider your request.