



CITY OF SANTA CLARITA

SCORE Scholarship Program Income-Certification Eligibility Form

I. APPLICANT INFORMATION

This section of the form must be completed by the applicant and signed on the next page in order to be considered to receive SCORE Scholarship funding.

Parent/Guardian: _____

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____

- a. **City Residency:** yes no

To check residency within the city limits log onto: <https://secure.santa-clarita.com/address/index.asp>

- b. **Number of Children** (ages 2-12 living in household): _____.

| Name of Child(ren) | Relationship to Applicant | Age |
|--------------------|---------------------------|-----|
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II. FREE OR REDUCED MEAL PROGRAM

- a. If your child(ren) participate in the **Free or Reduced Meal Program** in school check here:

- b. Annual Gross Income (before taxes) for your family: _____.

*A copy of verification from your child's school must be submitted with this application. **Applications will not be accepted without verification of participation in the Free or Reduced Meal Program.** If you are eligible for the Free or Reduced Meal Program, please skip section III and complete section IV.*

III. FAMILY INCOME

Family income includes pre-tax wages (gross) and income contributed to the family by any family member residing in the housing unit. Count the income anticipated for the year immediately following the date of this document. Each line must have an amount, include \$0 amount if income type does not apply to you.

a. Include ALL of the following (no space can be left blank):

| Income Type | Monthly Amount | Annual Amount |
|--|----------------|---------------|
| Wages from Work | | |
| Gross Income from Self-Employment | | |
| Rent Received from Tenant/Boarder | | |
| Disability or Unemployment | | |
| SSI, SSDI, or Other Social Security Benefits | | |
| Alimony or Child Support | | |
| Public Assistance (TANF, CalWORKS, GR) | | |
| Retirement Income | | |
| Veterans Benefits | | |
| Annuity/Pension Payments | | |
| Estate or Trust Fund Payments | | |
| Income from Rental Property | | |
| Income from Others Outside the Family | | |
| Other: | | |
| Other: | | |
| TOTAL FAMILY ANNUAL INCOME | | \$ |

IV. CERTIFICATION

I, _____ acknowledge that qualification for the SCORE Scholarship Program is based upon having a qualifying family income level. I certify that the information provided is true and correct. I understand that my statements in this document may be subject to further verification by the City of Santa Clarita. I agree to provide the supporting documents if requested. I further understand that providing false or misleading information may result in being determined ineligible for current or future SCORE Scholarship opportunities. I have read and agreed to the program policies.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

1. Total Annual Family Income (Section II) \$ _____

2. Annual Income Limit for Family Size (Section III) \$ _____

3. Is line #1 **LESS** than line #2? Yes No
 Yes – this family is income-eligible No – this family is **NOT** income-eligible

4. Season: _____

Staff Name: _____

Staff Signature: _____ Date: _____