

**APPLICATION PROCESS**

Complete the application and gather the documentation required on the application for verification of residency or PAUSD enrollment, and low income or disability guidelines. All information provided will be reviewed and verified for accuracy.

Applications and supporting documents can be faxed-in, mailed-in, or call the Lucie Stern Community Center to schedule an appointment. Application is valid for one year. **Reductions will only be applied to future registrations.** For customers without a scheduled appointment, please allow 1-2 days processing time.

**DISABILITY ELIGIBILITY GUIDELINES**

Program participants will receive a 75% discount, with a \$300 subsidy cap per person in the household.

SIZE OF HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME
1	\$6,152	\$73,824
2	7,025	84,300
3	7,916	95,000
4	8,791	105,500
5	9,500	114,000
6	10,190	122,280
7	10,900	130,800
8	11,600	139,200

**HOUSEHOLD LOW INCOME ELIGIBILITY GUIDELINES**

Program participants will receive a \$300 subsidy cap per person in household. See inside brochure for more information on the subsidy cap. **Households unable to provide documentation stating income will receive a 25% discount.**

SIZE OF HOUSEHOLD	75% DISCOUNT ANNUAL INCOME	50% DISCOUNT ANNUAL INCOME	25% DISCOUNT ANNUAL INCOME
1	\$22,300	\$37,150	\$59,400
2	\$25,500	\$42,450	\$67,900
3	\$28,650	\$47,750	\$76,400
4	\$31,850	\$53,050	\$84,900
5	\$34,400	\$57,300	\$91,650
6	\$36,950	\$61,550	\$98,450
7	\$39,500	\$65,800	\$105,250
8	\$42,050	\$70,050	\$112,050

**COMMUNITY SERVICES DEPARTMENT**



**FEE REDUCTION PROGRAM FOR LOW INCOME AND DISABLED RESIDENTS**

For more information, please contact:  
**Community Services Department**  
**Lucie Stern Community Center**  
**1305 Middlefield Rd.**  
**Palo Alto, CA 94301**  
**650.463.4900 Phone**  
**650.321.5612 Fax**

## FEE REDUCTION PROGRAM

The Fee Reduction Program offers a 25%, 50%, or 75% discount with a \$300 subsidy cap per person in the household to eligible Palo Alto residents based on **household income**. The program discount applies to the following offerings:

Arts & Sciences programs, workshops and classes for youth and adults. Recreation and Open Space programs including: summer camps, classes, swim lessons, middle school athletics, therapeutic classes and lap swim admissions.

A \$300 subsidy cap will be applied per eligible person in the household which may be pooled or shared amongst the household. For example, a family of four would have a maximum of \$1,200 of available funds for use by one or all members in the household. **Unused funds do not carry over into another year.**

Program participants must register for classes in person, or by mail or fax. **Online registration is not accepted at this time.**

### ELIGIBILITY

Any resident of Palo Alto or City of Palo Alto employee who meets the **household income** guidelines and can provide the documentation requested to verify low income and/or disability.

Any child enrolled in a PAUSD school. The household must also meet low-income and/or disability qualifications (only applicable for non Palo Alto Residents).

## FEE REDUCTION PROGRAM APPLICATION

**NAME(S):** \_\_\_\_\_

\_\_\_\_\_  
(List all family participants in your household, including **children's D.O.B.** OR qualified PAUSD student)

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE (Daytime):** \_\_\_\_\_ **PHONE (Evening):** \_\_\_\_\_

### **RESIDENCY VERIFICATION** (only one required)

- California Driver's License or California Identification Card  
 Utility Bill  Lease  
 City of Palo Alto Employee  Telephone Bill  Other \_\_\_\_\_

### **PAUSD ENROLLMENT VERIFICATION (NON PALO ALTO RESIDENTS ONLY)**

If you are applying for your child who is enrolled in a PAUSD school, please supply one of the following:

- Report card  
 Letter from school on school letterhead verifying enrollment of student  
 Other (please specify) \_\_\_\_\_

### **ANNUAL HOUSEHOLD INCOME VERIFICATION (Two of the below items required)**

**\*\*Required: Tax return from previous year** (2 years tax returns mandatory if self-employed)

**And one of the following:**

- Two (2) most current pay stubs  
 Utility bill, if a participant of the Utility Rate Assistance Program  
 Current Social Services Award Letter or Medi-Cal Card  
 Letter from employer on company letterhead stating annual income  
 PAUSD Free/Reduced Lunch Program documentation or Opportunity Center documentation

### **DISABILITY VERIFICATION**

**\*\*Required: One document verifying household income and one of the following:**

- Documentation from the City of Palo Alto Utility Department  
 Letter from M.D. or licensed psychologist  
 Documentation from the Department of Motor Vehicles

**Under penalty of perjury, I certify that the information provided herein is correct.**

\_\_\_\_\_  
**Applicant Signature and Date**

**APPROVED BY: Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Updated: 5/2009**