



# City of Hallandale Beach YOUTH ECONOMIC ASSISTANCE GRANT APPLICATION



## Application, Procedures, and Policy

Grant assistance is only available to children who reside in the City of Hallandale Beach with their parent and/ or legal guardian. The parent and/ or legal guardian must provide a copy of their driver's license and utility bill having the same address, recent Income Tax Return (1040) with parent's name and child(ren) as dependent. (Please black out all Social Security numbers).

If a current Income Tax Return cannot be provided, a copy of a current School Meals Benefit letter from Broward County Schools showing the child(ren) are approved for free or reduced meals or a letter from the Florida Department of Children and Families, (DCF) is required. Children with an approved School Meals Benefit or DCF letter will be eligible for a LOW (50%) grant.

The letter must include the child on the application. The DCF letter must indicate the child on the application is eligible for one of the following:

- Amount and type of subsidy such as food stamps
- Social Security or Disability benefits
- Eligibility for Medicaid

The City of Hallandale Beach has adopted the income guidelines set forth by the Broward County Income Eligibility Guideline as listed below. All Grant applications for economic assistance must be approved by the Department Director or designee. Grants will be awarded on a first come/first serve basis while funds are available. **Any falsification of information** such as but not limited to failure to list all income including child support, Social Security, or any other sources will disqualify an individual from the Economic Assistance Grant. Please sign, stating you have read and understand the above information:

\_\_\_\_\_ signature

\_\_\_\_\_ date

<i>Household Size</i>	<i>Very Low (75% Grant)</i>	<i>Low (50% Grant)</i>	<i>Moderate (25% Grant)</i>	<i>Non Low/Moderate (0% Grant)</i>
1	\$15,250	\$25,400	\$40,600	OVER INCOME
2	\$17,400	\$29,000	\$46,400	OVER INCOME
3	\$20,160	\$32,650	\$52,200	OVER INCOME
4	\$24,300	\$36,250	\$58,000	OVER INCOME
5	\$28,440	\$39,150	\$62,650	OVER INCOME
6	\$32,580	\$42,050	\$67,300	OVER INCOME
7	\$36,730	\$44,950	\$71,950	OVER INCOME
8	\$40,890	\$47,850	\$76,600	OVER INCOME

## FOR HALLANDALE BEACH RESIDENTS ONLY



City of Hallandale Beach  
**YOUTH ECONOMIC ASSISTANCE  
 GRANT APPLICATION 2016**



Use one form for each applicant. Complete all the information requested below. Incomplete applications will not be accepted. Return application and required documentation to the City of Hallandale Beach Parks and Recreation Department, 410 S.E. 3rd Street, Hallandale Beach, FL 33009 or City of Hallandale Beach Human Services Department, 780 NW 8th Street, Hallandale Beach, FL 33009.

**HALLANDALE BEACH RESIDENTS ONLY**

**PARTICIPANT'S NAME:** \_\_\_\_\_ o MALE o FEMALE

**STREET ADDRESS:** \_\_\_\_\_

Hallandale Beach, FL 33009

**PARTICIPANT'S BIRTH DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_ **BEGIN DATE:** \_\_\_\_\_

**PARENT(S) AND/OR LEGAL GUARDIAN'S NAME:** \_\_\_\_\_

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **WORK PHONE:** (\_\_\_\_) \_\_\_\_\_ **MOBILE PHONE:** (\_\_\_\_) \_\_\_\_\_

**INCOME INFORMATION\*:**

**YEARLY NET INCOME\*:** \$ \_\_\_\_\_ **IRS FORM - YEAR:** \_\_\_\_\_

\*Income means money earned **BEFORE** deductions for taxes, insurance, etc. Income includes all monetary compensation for wages, salaries, commissions, fees; net income from self-employed farmers and self-employed businessmen; Social Security; dividends or interest on savings bonds; income from estates or trusts; net rental income; public assistance or welfare payments; unemployment compensations; government civilian employees or military retirement positions; veteran's payments; private pensions or annuities; alimony or child support payments; net royalties and/or cash income from any and all sources of all adults ages 18 and older residing at the same physical address.

**HOUSEHOLD SIZE:** Adults: \_\_\_\_\_ Children (under the age of 18): \_\_\_\_\_

Members of Household:	Name	Age	Income
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____



**STOP:** Before you sign, have you included your proof of income, proof of Hallandale Beach Residency, completed Registration Form, completed Waiver Form and Birth Certificate? **NO FORM WILL BE ACCEPTED WITHOUT REQUIRED INFORMATION.**

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Date

\*Please see reverse for alternate eligibility information options.

**OFFICE USE ONLY:**

**DEPARTMENT APPLIED TO (check one):**  Parks and Recreation  Human Services  PAL  GI Tennis

**RECOMMENDATION:**  
 Approve Grant at 75%  Approve Grant at 50%  Approve Grant at 25%  Grant Not Approved

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date