



City of Torrance

Community Services Department

3031 Torrance Boulevard, Torrance, CA 90503 (310) 618-2720

"Creating and Enriching Community through People, Programs and Partnerships"

P.A.C.E. CRITERIA

Providing Assistance for Citizen Enrichment

Financial assistance may be available to Torrance residents for **children under 18 years of age** and for **seniors ages 60+** (proof of age will be required) for the City of Torrance Community Services Department classes and programs.

The amount of the assistance will be awarded **annually** (July 1-June 30) based on the availability of funds. Scholarships may not be used for excursions, t-shirts, entertainment activities, membership fees, late fees, rental fees, administrative fees or club dues/fees. Assistance will be considered for families which meet the income criteria listed below.

Applications must be submitted one week prior to registering. You will be advised by mail regarding the amount awarded and how you may use the funds.

HOW TO APPLY

1. Parent/Guardian or applicant must complete a Financial Assistance Application (please see reverse side) and attach the following:
 - **Proof of Torrance residency** – Attach copy of proof such as a valid driver's license, car insurance, car registration or current public utility bill (phone bills not accepted). Proof will also be required if you move, or if mail is returned.
 - **Proof of Income** – Attach copy of proof for **each** income source such as last year's tax return, your last **two** pay stubs, current Federal Assistance income, SSI or Disability income documentation, child support/alimony.

| # Family Members | Annual Gross Family Income | # Family Members | Annual Gross Family Income |
|------------------|----------------------------|------------------|----------------------------|
| 1 | \$27,750 | 5 | \$42,800 |
| 2 | \$31,700 | 6 | \$46,000 |
| 3 | \$35,700 | 7 | \$49,150 |
| 4 | \$39,650 | 8 | \$52,350 |

The United States Department of Housing and Urban Development standards are used in defining income levels. (rev 3/19/09)

2009/2010 FINANCIAL ASSISTANCE APPLICATION - CONFIDENTIAL

Applicant's Name _____
 (parent/guardian) Last First Middle
 ()

Address _____ City Zip Home Phone
 ()

Work/Cell Phone _____ E-Mail Address _____

| List ALL Family Members (including applicant) | Date of Birth | Relationship to Applicant |
|--|---------------|------------------------------|
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| | | |
| | | |
| | | |

INCOME RESOURCES OF FAMILY: Report total income for each item below and
attach copy of proof for each income source:

| Source | Monthly Income / Annual Income |
|--------|--------------------------------|
|--------|--------------------------------|

- a. Money, Wages or Salary _____
- b. Social Security Income _____
- c. Public Assistance/Welfare _____
- d. Unemployment or Disability _____
- e. Child Support /Alimony _____

GROSS FAMILY INCOME _____

Classes and/or programs you intend to use the scholarship for: _____

I affirm to the best of my knowledge and belief that the above statements are true.

Signature _____

Date _____

Scholarships expire June 30, 2010 and cannot be carried over.

(FOR OFFICE USE ONLY)

| | |
|------------------------------|---------------------------|
| Fiscal Year <u>2009-2010</u> | Amount Approved: \$ _____ |
|------------------------------|---------------------------|

| Date | Initials | Receipt # | Amount Used | Balance Forward |
|------|----------|-----------|-------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

Notified (Name, date & time) _____

Approved by: _____ Date: _____

Supervisor's Signature