



Parks, Recreation & Neighborhoods Department

City of Modesto Leisure Bucks Persons with Disabilities Application July 2018– June 2019

Please print clearly

Applicant/Guardian Name

Spouse's Name

Home/Street Address

Mailing address (if different)

Daytime phone () _____ - _____

City, State, Zip

Alternate phone () _____ - _____

Is this a renewal application? YES NO If YES, Previous LB 18 - _____

Do you have a certified disability? YES NO

Are you 18-61 years of age? YES NO

1) Please provide: Proof of a certified disability through ONE of the following documents: Copy of SSI/SSDI check; letter from Social Security verifying income; letter from a doctor stating the nature of the disability and how it affects daily living; proof of ridership eligibility from para-transit systems; verifications from case managers of Valley Mountain Regional Centers and Stanislaus County Mental Health; proof of acceptance into Disability Student Program Services through MJC. **AND**

2) Proof of age: California Drivers License, California Identification Card, Original Government and/or Hospital issued birth certificates only, Passport, OR Medi-Cal Card.

3) Proof of income: (Provide 1 of the following)

- TANF/EBT award letter: A letter/printout from case worker stating all income from the past 3 months required.
- Notice of Action dated within the last 30 days showing income.
- 2017/2018 1040 Tax Returns: Adjusted Gross Income only.
- 4506-T form required if 2017/2018 taxes were not filed.

2018 HUD Guidelines	
Family Size	Yearly Income
1	\$34,000
2	\$38,850
3	\$43,700
4	\$48,550
5	\$52,450
6	\$56,350
7	\$60,250
8	\$64,100

4) Complete CDBG Income Certification form (attached)

NOTE: Disabled applicants can contact the following organizations to verify and document eligibility; Modesto Independent Living Center (MILC); ARC; or United Cerebral Palsy Association (UCPA). The program manager or director of services will sign off on disability verification.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code, Title 18, Section 1002, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed 5 years, or both shall be the penalty for willful misrepresentation and the making of false, fictitious or fraudulent statements, knowing to be false. I certify the above information is accurate and true to the best of my knowledge.

Signature _____

Date _____

MAIL TO: City of Modesto, PR&N Dept.
Customer Service Unit
P. O. Box 642
Modesto, CA. 95353
Phone: (209) 577-5344 Fax: (209) 342-4705

OR IN PERSON AT ONE OF THE FOLLOWING LOCATIONS:

- Parks, Recreation & Neighborhoods Dept., 1010 10th St., 4th floor
- Senior Citizens Center, 211 Bodem St., Modesto
- Maddux Youth Center, 615 Sierra Dr., Modesto