CITY OF NOVATO
CALIFORNIA

922 Machin Avenue
Novato, CA 94945
415/899-8900
FAX 415/899-8213
novato.org

Subject Senior Citizen Financial Assistance Program

Dear Novato Resident,

We are now accepting applications for our Senior Citizen Financial Assistance Program (SCFAP). Financial assistance funding for the senior program is 50% of program fees with a maximum of $100 per individual per program year. Funding for the program is solely through donations, and it is disbursed on a "first come, first served basis." Once the available funding has been depleted, no other funding will be allocated. This funding can be used for any program, class, and activity between July 1 and June 30. Proof of Novato residency and income are required. After your application has been approved, you will be notified and can then register for programs at novato.org/regforfun.

To be eligible for the Senior Citizen Financial Assistance Program, individuals must be 50 years or older and must reside within the Novato city limits. In addition, individuals must qualify for public assistance, or receive other types of aid such as unemployment, disability or housing benefits, or qualify as low income based on Community Development Block Grant (CDBG) income limits.

CDBG Income Limits:
Persons in Household Income

1	$76,740
2	$87,720
3	$98,700
4	$109,620
5	$118,440
6	$127,200

Applications are available at our Novato Gymnastics Center, 950 7th Street, and the Margaret Todd Senior Center, 1560 Hill Road, and online at novatofun.org under Forms. If you are interested in applying for the Senior Citizen Financial Assistance Program, please fill out the enclosed application and mail it to:

Novato Parks, Recreation & Community Services
Attn: SCFAP
1560 Hill Road
Novato, CA 94945

If you have any questions, contact us at 415-899-8290 or email: novatofun@novato.org.

Sincerely,

Teresa Ehteshami
Recreation Supervisor
Parks, Recreation & Community Services
tehteshami@novato.org

CITY OF NOVATO
PARKS & RECREATION

CITY OF NOVATO PARKS & RECREATION

SENIOR FINANCIAL ASSISTANCE PROGRAM

APPLICATION FORM

RECEPIENT INFORMATION

Full Name:

Date of Birth (Must be 50+ to Apply) :

Home Phone:

Cell Phone:

Email:

Address:

City/State/Zip:

PROOF OF NOVATO RESIDENCY

Please provide 2 of the following:

- ☐ **Driver's License**
- ☐ **California I.D. Card**
- ☐ **Current Utility Bill***

***Eligible utility bills are limited to water, electricity and gas. The bill must be no older than 90 days and show your name and current address, not a P.O. Box.**

IF YOU RECEIVE ANY OF THE FOLLOWING, PLEASE CHECK

- ☐ **Public Assistance** (CalWorks, SSI, Food Stamps)
- ☐ **Unemployment Benefits**
- ☐ **Disability Benefits**
- ☐ **Housing Benefits**

Annual Household Income:

# of Household Members:

CURRENT CDBG INCOME LIMITS

Persons in Household	Income
1	$76,740
2	$87,720
3	$98,700
4	$109,620
5	$118,440
6	$127,200

I certify the above information is accurate and true to the best of my knowledge. I understand that, if necessary, City of Novato employees have the right to request additional information in order to determine my eligibility for Financial Assistance.

Print Name of Applicant

Signature of Applicant

Date