



THE CITY OF NEWMAN
RECREATION ASSISTANCE PROGRAM
R.A.P.

The City of Newman Recreation Department continues to offer our Assistance Program for our Youth Soccer and Youth Basketball programs. This program has been designed to aid those persons in our community who are in need of financial assistance in order to participate in our recreation programs. The City of Newman Recreation Department feels it is essential to every child's development to interact with other children who may not have otherwise had the opportunity to participate in our program. Approval of a participant's application for assistance allows for partial cost of program to be paid through our assistance program.

To apply for the recreation assistance program, complete the following requirements:

1. Applicant must be a resident of Stanislaus County.
2. Obtain and complete an application from the Recreation Department.
3. Attach most recent Federal Income Tax Return or proof of salary (pay stub).
4. Return application, program registration, and accompanying documentation to:

Newman Recreation Department
831 Hardin Road
Newman, CA 95360

Our office is open Monday through Friday, 2:00 p.m. to 6:00 p.m.

5. Applications must be submitted to the Recreation office ten days prior to end of registration. Applications may take up to 10 business days to process. Applicants will be notified by phone or mail of the status of the application.
6. Assistance Program participants must have regular attendance or risk the chance of losing the assistance (up to the discretion of the Program Administrator).

Those that qualify under the **extremely low** and **low** income levels will be given preference. For these participants the assistance program will cover 75% of registration fees (does not include non-resident fee or late fee).

Those that qualify under the **moderate** income level the assistance program will cover 25% of registration fees (does not include non-resident fee or late fee).



CITY OF NEWMAN RECREATION ASSISTANCE PROGRAM R.A.P.

HEAD OF HOUSEHOLD'S NAME		DO YOU RESIDE WITHIN STANISLAUS COUNTY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HOME ADDRESS			
CITY	ZIP CODE	PHONE (HOME)	PHONE (WORK)
HEAD OF HOUSEHOLD'S PLACE OF EMPLOYMENT (NAME & ADDRESS)			PHONE
OTHER INCOME (NAME & ADDRESS)			PHONE
MONTHLY GROSS INCOME (ALL SOURCES)		NUMBER OF PEOPLE IN HOUSEHOLD	
HAVE YOU RECEIVED "R.A.P." WITH IN THE PAST 12 MONTHS (IF YES, PLEASE ANSWER NEXT QUESTION)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHICH PROGRAM WAS THE ASSISTANCE USED FOR		AMOUNT OF THE ASSISTANCE	
RECREATION ASSISTANCE REQUESTED FOR:			
(1) PARTICIPANT'S NAME		(2) PARTICIPANT'S NAME	
ACTIVITY		ACTIVITY	
AMOUNT OF FEE ASSISTANCE REQUESTED		AMOUNT OF FEE ASSISTANCE REQUESTED	
RELATIONSHIP TO HEAD OF HOUSEHOLD		RELATIONSHIP TO HEAD OF HOUSEHOLD	
(3) PARTICIPANT'S NAME		(4) PARTICIPANT'S NAME	
ACTIVITY		ACTIVITY	
AMOUNT OF FEE ASSISTANCE REQUESTED		AMOUNT OF FEE ASSISTANCE REQUESTED	
RELATIONSHIP TO HEAD OF HOUSEHOLD		RELATIONSHIP TO HEAD OF HOUSEHOLD	
<p>I HEARBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND DELIBERATE MISREPRESENTATION MAY RESULT IN DENIAL OF ELIGIBILITY FOR THE RECREATION ASSISTANCE PROGRAM.</p> <p>_____</p> <p style="text-align: center;">SIGNATURE OF PERSON COMPLETING THIS FORM DATE</p>			
OFFICE USE ONLY			
APPROVED _____	DISAPPROVED _____	INITIALS _____	DATE _____ AMOUNT \$ _____

