



9701 LAS TUNAS DRIVE • TEMPLE CITY • CALIFORNIA 91780-2249 • (626) 285-2171

## CITY OF TEMPLE CITY

### GERALD M. FITZGERALD CAMELLIA TRUST FUND GUIDELINES

1. The applicant must reside within the boundaries of Temple City (proof attached to application).
2. All requests must be in writing and on the application form provided, and returned to the Parks & Recreation Department, 9701 Las Tunas Drive.
3. The applicant shall not have reached his/her 18<sup>th</sup> birthday. Once an applicant reaches the age of eighteen, he/she is no longer eligible to receive Trust funds.
4. The applicant must qualify as underprivileged/disadvantaged according to one of the following criteria:
  - a) he/she is a member of a family whose economic income is at the low or extremely low level per the guidelines listed below (proof attached to application);
  - b) he/she is disabled by virtue of a physical or mental disability which prevents him/her from participating in educational, physical, cultural and/or recreational activities, or in any other way meeting the daily needs of life; or
  - c) he/she is limited due to low educational attainments, ethnic or cultural factors, prison or delinquency record.
5. Applications will only be considered to meet an immediate need.
6. Funding shall be limited to a calendar year.

#### Income Guidelines (effective 6/7/11)

Family of applicant must have a total household income within the following guidelines:

<u>Household Size</u>	<u>Maximum Annual Income</u>
2	\$34,200
3	\$38,450
4	\$42,700
5	\$46,150
6	\$49,550
7	\$52,950
8	\$56,400



# Application for Gerald M. Fitzgerald Camellia Trust Fund

Child's Last Name, First, M.I.	Birth Date	Age	Sex
Current Street Address		Telephone Number	
City, State & Zip Code			
Current or Last School Attended		School District	City

**PROOF OF RESIDENCY – ATTACH COPY OF CURRENT UTILITY BILL OR BANK STATEMENT & COPY OF DRIVER'S LICENSE OR CA ID CARD.**

# Children (under age 18) \_\_\_\_\_ # Adults (18+) \_\_\_\_\_ Foster Child \_\_\_\_\_

List **ALL** persons residing at applicant address (children and adults)

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment**

Father/Guardian:

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mother/Guardian:

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

\*If you receive income from more than one employer, please provide that information on an attached page.

**Income PROOF OF INCOME: ATTACH 3 CURRENT PAY STUBS AND PREVIOUS YEAR'S INCOME TAX RETURN FOR ALL HOUSEHOLD MEMBERS-** List the **gross income** (amount before deductions) received last month.

Name of adults in household	TOTAL Gross Earnings for ALL jobs & tips	Social Security/ Pension/Retirement Benefits	Unemployment/ Workers Comp/ Strike Benefits	Welfare(AFDC & ADC/Child/ Alimony payments)	All other monthly income
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**TOTAL GROSS MONTHLY INCOME** \$ \_\_\_\_\_

\* Proof of income is required when submitting this application (i.e. paystubs & Federal & State income tax records)

**Food Stamp Households**

The following information is needed if you or any person living in the house receives food stamps.

\_\_\_\_\_  
Name of person receiving food stamps

\_\_\_\_\_  
Name & telephone of case worker

**Other Financial Assistance**

List any financial assistance received from other community organizations or churches within the past 6 months.

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Amount received

**HAVE YOU RECEIVED PRIOR ASSISTANCE FROM THE CAMELLIA TRUST FUND? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_**

**Request Information**

Amount being requested: \$ \_\_\_\_\_

How will funds be used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain in detail, the reason for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Attach flyer or information sheet that serves as back up for the requested amount***

-----  
Name of adult completing this application (**Please print**)

Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of funds from the Gerald M. Fitzgerald Estate; that City officials may verify the information on the application; and that deliberate misrepresentation of the information may disqualify my request.

\_\_\_\_\_  
Signature of parent or adult household member

\_\_\_\_\_  
Date

PLEASE MAIL OR RETURN IN PERSON TO THE PARKS & RECREATION DEPT. 10144 Bogue Street, Temple City CA 91780. PLEASE CALL (626) 285-2171 EXT. 2361 IF YOU REQUIRE FURTHER INFORMATION.