



CITY OF LOS ANGELES, DEPARTMENT OF RECREATION AND PARKS

PlayLA Youth Sports Program

Income Verification Form



The Department of Recreation and Parks is requesting the following demographic information to assess participant fee waiver eligibility. No personal information will be shared and the information collected will be used for reporting purposes only.

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Student/Child's Name (Please Print): _____

Is your combined annual household income below \$91,000? YES NO

Low-Income Eligibility Program Qualifications

Is family enrolled in a low-income program? If yes, then submit copies of award letter or other supporting documentation to recreation center staff. Examples are:

	CA State Benefits ID Card	Tax Forms (I-TIN, W2, 1099, 1040, etc.)
CA Golden State EBT Card	CA State or LA County Dept. of Social Services Program Letter	Pay-Stub
P-EBT Card	Medi-Cal Insurance Card (L.A. Care insurance card)	Foster Care Letter
DWP bill (showing Low-Income Discount printed on the bill)	So Cal Gas Bill (showing enrollment in Care program printed on bill)	So Cal Edison Bill (showing enrollment in Care program printed on bill)

I certify under the penalty of perjury that the information provided on this form is accurate and complete, and that I am a resident of the City of Los Angeles. I further acknowledge that eligibility for services is based upon having a qualifying annual family income level, and that the income level and/or status I have indicated in this income verification form may be subject to further verification by the agency providing services, the City of Los Angeles and/or the U.S. Department of Housing and Urban Development (HUD). I therefore authorize such verification, and will provide supporting documents if requested. I acknowledge providing false information shall be grounds for termination from the program/services.

Parent/Legal Guardian Name (Please Print): _____

Signature of Parent/Legal Guardian: _____ Date: _____

*** PLEASE ATTACH A COPY OF THE LOW-INCOME ELIGIBILITY PROGRAM WHEN RETURNING THIS FORM ***

*** THE SECTION BELOW IS FOR RECREATION STAFF USE ONLY ***

Recreation Center Name (Please Print): _____

Recreation and Parks Staff Name (Please Print): _____ Date: _____

Recreation and Parks Staff Signature: _____