

# City of Carlsbad Opportunity Grants Program Application

## Applications Accepted January 1, 2024 - December 31, 2024

# 2024

Complete form and return with proof of residency document to any community center or the swim complex.  
 You can also mail it to: **Parks and Recreation Department, Opportunity Grants, 799 Pine Avenue, Suite 200, Carlsbad, CA 92008**

Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone
Street Address	City/Zip	Email	

### HUD Guidelines for very low income- MSA 2023 San Diego County

Household Size	Monthly Income	Annual Income
1	\$4,020	\$48,250
2	\$4,596	\$55,150
3	\$5,171	\$62,050
4	\$5,742	\$68,900
5	\$6,204	\$74,450
6	\$6,663	\$79,950
7	\$7,121	\$85,450
8	\$7,579	\$90,950

Do you receive Section 8 benefits?  Yes  No

**Household Income:** Must include unmarried couples and all working adults.

Sources of Income	Monthly Total	Received by which household member?
A. Gross wages/salary (before taxes/deductions)	\$	
B. Social/Supplemental Security Income	\$	
C. Public Assistance	\$	
D. Alimony	\$	
E. Child Support	\$	
F. Unemployment	\$	
G. Other	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	Add items A+B+C+D+E+F+G

**All information provided on this application will be kept confidential.**

I certify that the above information is correct. I will notify the program immediately if there are any changes, including my income, number of household members, place of residence, and phone number. I understand that the Opportunity Grants Program is a privilege and not a right, and that it is subject to the income verification statements submitted by me. I certify that I will submit all copies of applicable documents related to income verification at time of interview, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program.

I have read the above statement and understand it.  
 PLEASE NOTE: Both parents/guardians need to sign and date below

FOR INTERNAL USE	
Approved _____	Not-Approved _____
Expiration Date _____	

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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NOTE: Opportunity Grants are approved based on available funds.

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**Members in household:**

Name	Relationship	Birth date if under 18 years	Foster child or Ward of Court? Yes/No	Receives Income? Yes/No