



Community Services Department

1922 Artesia Boulevard  
Redondo Beach, California 90278  
www.redondo.org

tel: 310 318-0610  
fax: 310 798-8273

## AFTERSCHOOL PLAYGROUND

### Fee Waiver Application – 2016-2017

Redondo Beach residents only (No P.O. Box) **NO EXCEPTIONS**

**APPLICATION MUST BE SUBMITTED IN PERSON – NO FAX OR ELECTRONIC SUBMISSIONS**

Parent/Guardian's Name \_\_\_\_\_  
First
Last
Middle

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of family members residing at residence: \_\_\_\_\_

NAME OF CHILD ATTENDING REDONDO BEACH SCHOOLS	AGE	BIRTHDATE	NAME OF SCHOOL
1.			
2.			
3.			
4.			

### Application Process

All copies will be retained. Do not bring originals.

*Parent/Guardian must complete this form and provide copies of documentation listed below:*

1. A **copy** of one of the following -- Dependents must be listed on the form
  - **School Lunch Assistance** -- Letter from the RBUSD with child's name on it
  - **Section 8 Rent Assistance** -- Documentation from the RB Housing Authority
  - **Current tax return** -- Copy of the first two pages of the 1040 tax form. Qualifying dependents must be listed.
2. A **copy** of proof of residency
  - **Utility bill** --gas or electric (phone bill is NOT acceptable).
  - **Notarized affidavit** --In the absence of a utility bill with a parent/guardian's name, a notarized affidavit from the person whose name appears on the bill, which states that your family lives him or her, will be accepted.
  - **Lease Agreement** – In the absence of a utility bill, a lease agreement will be accepted if utilities are included in your lease agreement.
3. A **copy** of California driver's license -- Must display current Redondo Beach address

**THE NAME & ADDRESS ON ALL THREE DOCUMENTS MUST MATCH. NO EXCEPTIONS.**

**I hereby certify that all of the information provided above is true and correct. I understand that false information is grounds for denial or termination of the Afterschool Playground Fee Waiver.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Income Level Guideline Jan 2016	Number in Household	1	2	3	4	5	6	7	8
	Yearly Income	\$48,650	\$55,600	\$62,550	\$69,450	\$75,050	\$80,600	\$86,150	\$91,700

#### FOR OFFICE USE ONLY

Application Approved: \_\_\_\_\_ Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Denied: \_\_\_\_\_ Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_