C I T Y O F E S C O N D I D O
Community Services Department
201 N Broadway • Escondido, CA 92025
760-839-4692

CERTIFICATION OF INCOME FOR RESIDENT SEEKING PARTICIPATION IN THE Learn-to-Swim Program 2021

We are required to collect this information on the original intake/registration. We would appreciate your assistance in answering a couple of the questions so that we can continue to receive the funding that allows us to offer the swim program.

1. Which of these racial groups do you consider yourself?
   - □ White
   - □ Black/ African American
   - □ Asian
   - □ American Indian / Alaskan Native
   - □ Native Hawaii / Other Pacific Islander
   - □ American Indian / Alaskan Native and White
   - □ Asian and White
   - □ Black/ African American and White
   - □ American Indian / Alaskan Native and Black / African American
   - □ Other/ Multi-Racial : (explain)_____
2. Do any of the following categories apply to you?
   - □ Homeless
   - □ Female Headed Household
   - □ Disabled / Special Needs
   - □ None of the above
3. Do you consider yourself Hispanic?
   Yes No

Median Family Income

Please circle the total gross (before taxes) household income that applies to the number of persons in your household

	NUMBER OF PERSONS PER HOUSEHOLD							
	1	2	3	4	5	6	7	8
Extremely Low Income (30% of Median)	24,300	27,750	31,200	34,650	37,450	40,200	43,000	45,750
Very Low Income (50% of Median)	40,450	46,200	52,000	57,750	62,400	67,000	71,650	76,250
Low Income (80% of Median)	64,700	73,950	83,200	92,400	99,800	107,200	114,600	122,000

Submit this form for each participant that qualifies for participation in the City of Escondido's Aquatics Program. I,_____ am a resident at the following address:_____. I hereby certify that my total family income for the previous 12 months was $_____, and the total number of adults contributing towards my family support is_____. The total number of individuals in my family is _____. Documentation is available to verify the above information.

_____ _____
Signature of Resident Date

_____ _____
Print Name Phone Number