

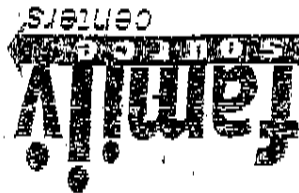
- 1. Identificación
- 2. Bill de luz o gas
- 3. Ingresos: empleo, asistencia general, seguro social, otra forma de ingresos

Items necesarios para terminar la aplicación

- 1. Photo ID
- 2. Utility bill; gas or lights
- 3. Proof of income: (SSI, Pension, Social Security, General Assistance)

Items needed to complete application

Bradley/Milken Family Source Center



DATE

AGENCY STAFF SIGNATURE

DATE

APPLICANT'S SIGNATURE

APPLICANT'S STATEMENT: I certify 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 funded through the OBG and OSBG programs is based upon having a qualifying annual family income level, and that the income level and/or estate I have indicated in the form may be subject to further verification by the agency providing services. The City of Los Angeles, the State of California and/or HUD, I acknowledge that providing false information shall be grounds for termination from the program. I therefore authorize such verification, and will provide supporting documents if requested.

Family Size	1 Person	\$0 - \$10,830	1 Person	\$27,751 - \$44,400	Above 80% of Median Income Not Eligible
	2 Person	\$0 - \$14,570	2 Person	\$31,704 - \$50,750	
	3 Person	\$0 - \$18,310	3 Person	\$35,704 - \$57,100	
	4 Person	\$0 - \$22,050	4 Person	\$39,651 - \$63,450	
	5 Person	\$0 - \$25,790	5 Person	\$42,801 - \$69,550	
	6 Person	\$0 - \$29,530	6 Person	\$46,001 - \$79,500	
	7 Person	\$0 - \$33,270	7 Person	\$49,151 - \$79,700	
	8 Person	\$0 - \$37,010	8 Person	\$52,351 - \$89,750	
			Very Low-Income	\$37,011 - \$52,350	
			Low-Income	\$27,751 - \$44,400	

Using the Family Size and Income indicated above, circle the appropriate box:

NOTE: "Income" is the total annual income of all family members as of the date that federal/funded assistance is provided. All income for all persons in the family must be included in calculating family income, whether or not a family member receives assistance. Information provided is subject to verification by the agency providing services, the state or federal grantor and/or the City of Los Angeles.

2009 FSS Income Guidelines

For City Use Only: ISIS Number

FAMILY INCOME

FAMILY SIZE

AGE / CHOOSE ONE: Single Recipient, Selected Completion Race, American Indian, Alaska Native, Native Hawaiian or Other Pacific Islander, Black, African American, Asian and Other, White, Hispanic/Latino, Other		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Veteran, Food Stamp Recipient/Long-Term Beneficiary, Section 8 / Housing Assst, Single Teen Parent, Married Teen Parent	
HOUSING (CHOOSE ONE): Own, Rent, Homeless, Other		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Disabled, Day Laborer, Impacted by Foreclosure, Headed Household, Fattale-Headed Household	
PRIOR CONVICTION(S): None, No Response, Yes-Felony, Yes-Misdemeanor, Yes-Unknown Type		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): SSI Recipient, TANF Recipient, General Recipient (GR), Looking for Work, Unemployed	
EDUCATION LEVEL (FOR CUSTOMERS 24 YRS + ONLY): 0 through 8, High School Graduate/GED, 9 - 12 Non-graduate High School, 12+Some Post Secondary, 2 or 4 Year College Degree		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
CUSTOMER'S FAMILY TYPE: Single Person, Single Parent/Single, Two Adults, No Children, Single Parent/Family, Two-Parent Family		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
PHONE NO: Home or Cell () ()		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
BIRTHDATE () () () ()		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
GENDER Male, Female, Other		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
ETHNICITY (CHOOSE ONE) American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Black or African American, Asian or Pacific Islander, White, Hispanic or Latino, Other		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
ADDRESS Street, Apt No, City, State, Zip Code		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	
CUSTOMER'S LAST NAME ADDRESS First Name, Middle Name, Social Security Number		OTHER DEMOGRAPHICS (CIRCLE ALL THAT APPLY): Recipient, Racial (GR), General Recipient, Looking for Work, Unemployed	

FAMILY INCOME WORKSHEET - FAMILYSOURCE SYSTEM

List ALL family members including the customer(s). If a family member received income from some source in the past 12 months, write down the annual amount of income received in the appropriate categories. Use additional forms if there are more family members who received income. At the bottom of this form, indicate how many people are in the family (include those that did not earn income) and add together each family member's income to get the total annual family income. Please print clearly. (Birthdates and Relationships are optional for Universal Access customers and required for Case Managed customers.)

Customer Name (Family Member #1):	Family Member #2:	Birthdate:	Relationship:
TAMIE			
SSA			
Social Security			
General Assistance			
Veterans' Benefits			
Employment			
Pension			
Unemployment Insurance			
Other			
TOTAL ANNUAL INCOME			\$
Family Member #3:			
TAMIE			
SSA			
Social Security			
General Assistance			
Veterans' Benefits			
Employment			
Pension			
Unemployment Insurance			
Other			
TOTAL ANNUAL INCOME			\$
Family Members Who Do Not Receive Income:			
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
Name:	Birthdate:	Relationship:	
TOTAL ANNUAL INCOME			\$

Family Size _____ Total Annual Family Income \$ _____

FAMILY INCOME WORKSHEET - FAMILY SOURCE SYSTEM

For all family members including the customer(s), if a family member received income from some source in the past 12 months, write down the amount of income received in the appropriate categories. Use additional forms if there are more family members who received income. At the bottom of this form, indicate how many people are in the family (include those that did not earn income) and add together each family member's income to get the total annual family income. Please print clearly. (Ballotables and Relationships are optional for Universal Access customers and required for Case Managed customers.)

Customer Name (Family Member #1): _____ Family Member #2: _____

Family Member #1:	Family Member #2:	Relationship:
TAFB		\$
SSI		\$
Social Security		\$
General Assistance		\$
Veterans' Benefits		\$
Employment		\$
Pension		\$
Unemployment Insurance		\$
Other		\$
TOTAL ANNUAL INCOME		\$

Family Member #3:	Relationship:	Ballotable:
TAFB		\$
SSI		\$
Social Security		\$
General Assistance		\$
Veterans' Benefits		\$
Employment		\$
Pension		\$
Unemployment Insurance		\$
Other		\$
TOTAL ANNUAL INCOME		\$

Total Annual Family Income \$ _____

Family Size _____

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

NAME _____ (PRINT) _____
Phone No. _____ (OPTIONAL)

NAME _____ (SIGNATURE) _____

Executed on _____ at _____, California.

I, _____, the undersigned, accept your invitation to participate in the program specified below ("Program") and hereby authorize the City of Los Angeles, Community Development Department and its employees, agents and licensees ("Releasees") to use my name, biography, photograph, likeness, and performance, for the purpose of creating marketing and informational material, in any and all formats, including but not limited to the internet and other media. I agree that the Releasees have the sole discretion to determine the extent and manner of use of my participation in the Program and that the Releasees are not obligated to use or broadcast my participation and depictions or any portion thereof. I further agree that if by reason of my statements and actions on the Program or materials furnished by me for the Program there is any claim or litigation involving any charge by third persons of violation or infringement of their rights, to hold the Releasees harmless from liability and indemnify Releasees for any loss or expense arising from such claim or litigation. I further agree that I shall hold the Releasees harmless with respect to injury or liability of any kind resulting from my participation in the Program, or from Releasees exercise of any of the rights granted to them hereunder. I hereby agree that I shall not receive any monetary compensation for my participation in the Program.

Release Form

ANTONIO VILLARAIGOSA
MAYOR



CITY OF LOS ANGELES
CALIFORNIA

RICHARD L. BENBOW
GENERAL MANAGER

COMMUNITY DEVELOPMENT
DEPARTMENT
1200 W. 7TH STREET
LOS ANGELES, CA 90017

AN EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

NAME _____ (PRINT) _____ (OPTIONAL)
PHONE NO. _____

NAME _____ (SIGNATURE)

Executed on _____ at _____ California

authority to execute this Release. I accept your invitation and hereby agree to allow my child to participate in the program specified below ("Program") and hereby authorize the City of Los Angeles, Community Development Department and its employees, agents and licensees ("Licensees") to use my child's name, biography, photograph, likeness, and performance for the purpose of creating and other media. I agree that the Licensees have the sole discretion to determine the extent and manner of use of my child's participation in the Program and that the Licensees are not obligated to use or broadcast my child's participation and depictions or any portion thereof. I further agree that if the Program, there is any claim or litigation involving any charge by third persons of violation or infringement of their rights, to hold the Licensees harmless from liability and indemnify Licensees for any loss or expense arising from such claim or litigation. I further agree that I shall hold the Licensees harmless with respect to injury or liability of any kind resulting from my child's participation in the Program, or from Licensees exercise of any of the rights granted to them hereunder; I hereby agree that my child shall not receive any monetary compensation for his/her participation in the Program.

_____ [parent/legal guardian] of program participant and that I have the legal authority to execute this Release.
_____ [name of parent/legal guardian], the undersigned, hereby represent that I am the

Release Form

ANTONIO VILLALBA
MAYOR



CITY OF LOS ANGELES
CALIFORNIA

RICHARD L. SANDOZ
GENERAL MANAGER

COMMUNITY DEVELOPMENT
DEPARTMENT
1209 W. 7TH STREET
LOS ANGELES, CA 90017

WHY ARE YOU HERE? (Check all that apply - there are no wrong answers)

Information & Referrals (0)

Disaster Relief

POC

GRYD

General/Other

Housing Assistance

Medical Care

Onsite

Protection from Violence

Temporary Shelter

Workforce

Miscellaneous (0)

Educational Seminars

Other

Special Events

Support Services (In-Home) (0)

Child Care

Clothing

Job/Onsite Counseling

Emergency Fuel/Energy Bill Assistance (LTHBA)

Food

Legal Assistance

OTC

Transportation

Core Services (0)

Adult School/Continuing Education

Bank on LA

Cash for College

College Access Services

Computer Class

Cultural Activities (Includes Art & Music)

ESL

Financial Literacy/Money Management

GED Prep

Mentorship

Multi-Sensory Screening (One-to-One)

Open Computer/Resources Lab

Parent/Child Activities

Parenting Education (Enhancement)

Recreation/Sport

Tax Assistance (EITC/VITA)

Tutoring

Youth Leadership