



Subject 2024-2025 Youth Financial Assistance Program

Dear Novato Resident,

We are now accepting applications for the City of Novato’s Youth Financial Assistance Program (YFAP). Financial assistance funding is limited to \$200 per child per fiscal year. Funding for the program is limited and distributed at time of registration on a “first come, first served basis.” Once available funding has been depleted, no other funding will be allocated. Scholarship funding can be used for any youth program, class and activity between July 1, 2024, and June 30, 2025. Proof of Novato residency and income are required. After your application has been approved, you will be notified and provided with details on how to register using scholarship funds.

To be eligible for the Youth Financial Assistance Program, the participant must be 18 years or younger, and the family must reside within the Novato City limits. In addition, a family must qualify for public assistance, or receive other types of aid such as unemployment, disability or housing benefits, or qualify as low income based on the Community Development Block Grant (CDBG) income limits.

2024 CDBG Income Limits:

Persons in Household Income

People in Household	Income
1	\$82,260
2	\$94,020
3	\$105,780
4	\$117,480
5	\$126,900
6	\$136,320

Applications are available at the Novato Gymnastics Center and online at novatofun.org under Forms. If you are interested in applying for the Youth Financial Assistance Program, please complete the application and email to novatofun@novato.org or drop off at the Novato Gymnastics Center M – TH between 9:30 AM and 5:00 PM.

Novato Gymnastics Center
950 7th Street
Novato, CA 94945

If you have any questions, please contact us at (415) 899-8279 or email: novatofun@novato.org.

Sincerely,

Katie Dunn
Senior Office Assistant
Parks, Recreation & Community Services
novatofun@novato.org



YOUTH FINANCIAL ASSISTANCE PROGRAM

CITY OF NOVATO
PARKS & RECREATION

— APPLICATION FORM

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Parent/Guardian Name:

Phone:

Work Phone:

Email:

Address:

City/State/Zip:

CHILDREN (MUST BE LIVING IN THE SAME HOUSEHOLD)

Child's Name (FULL NAME):

Date of Birth:

Incoming Grade:

Gender:

MALE
 FEMALE
 NON-BINARY

Child's Name (FULL NAME):

Date of Birth:

Incoming Grade:

Gender:

MALE
 FEMALE
 NON-BINARY

Child's Name (FULL NAME):

Date of Birth:

Incoming Grade:

Gender:

MALE
 FEMALE
 NON-BINARY

PLEASE PROVIDE PROOF OF ADDRESS

You must provide 2 of the following: Driver's license, California I.D. Card or current utility bill only. (Utility bill must be no older than 90 days and show your name and current address, not a P.O. Box.)

*Utility = water, electric or gas.

IF YOU RECEIVE ANY OF THE FOLLOWING, PLEASE CHECK

Public Assistance
(CalWorks, SSI, Food Stamps)

Unemployment Benefits

Disability Benefits

Housing Benefits

CDBG Income Limits

Persons in Household	Income
1	\$82,260
2	\$94,020
3	\$105,780
4	\$117,480
5	\$126,900
6	\$136,320

I certify the above information is accurate and true to the best of my knowledge. I understand that, if necessary, City of Novato employees have the right to request additional information in order to determine my eligibility for Financial Assistance.

Print Name of Applicant

Signature of Applicant

Date