



City of Novato Parks, Recreation and Community Services

Margaret Todd Senior Center
1560 Hill Road, Novato CA 94947
415.899.8290
www.novatoseniors.org

ADULT 50+ FINANCIAL ASSISTANCE PROGRAM

The Financial Assistance Program is established to provide an opportunity for Novato adults age fifty years and older who, because of economic hardship, are unable to participate in City sponsored class sessions and Center membership. The program is funded solely by donations, and is administered by the staff at the Margaret Todd Senior Center.

Financial assistance for adults (50 years and older) covers 50% of the program fees with a maximum of \$50 per eligible fiscal year (July 1 through June 30). This assistance is available to low-income persons residing within the city limits of the City of Novato. A copy of the CDBG income limit chart is attached. Financial assistance is applicable only to adult classes and Margaret Todd Senior Center programs.

To apply, please complete the attached application form and return it to the Margaret Todd Senior Center. Please call 415.899.8290 with any questions.



City of Novato
Parks, Recreation and Community Services Department

ADULT 50+ FINANCIAL ASSISTANCE APPLICATION
July 2011 – June 2012

PLEASE PRINT

Note: Processing time is approximately 4 business days

Name_____

Address_____

City_____State_____Zip_____

Home Telephone_____Cell_____

PROOF OF ADDRESS

Please provide one of the following:

_____Driver's License _____California I.D. Card _____Current Utility Bill*

*Utility bill must be no older than 90 days and show your name and current address, not a P.O. Box.

If you currently receive any of the following, please check:

- ☐ **Public Assistance (CalWorks, SSI, Food Stamps, General Assistance)**
- ☐ **Rental Supplement/Assistance**
- ☐ **In Home Support Services**

Annual Family Income: \$_____

CDBG Income Limits

Persons in Household	Income
1	\$63,350
2	\$72,400
3	\$81,450
4	\$90,500
5	\$97,700
6	\$104,950

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.

Signature_____

Date_____

Office Use:

APPROVED:_____ **DATE**_____

Processed Date:_____ **Account Cleared Date:**_____