

Epic Afternoons @ City Hall Program

Funded through the Coronavirus Aid, Relief and Economic Security Act

This program is provided at no cost and is designed to support families directly impacted by a loss of income due to the COVID-19 public health emergency. In order to qualify for this program, the parent or guardian will need to provide documentation of their income loss as part of their application. **Santee Teen Center programming and performing arts camps are not available through this funding. Please see info about Santee's VIP Program on page 6 for alternative assistance options.**

Instructions:

- Submit application, registration form (on page 7 - **no payment info required**) and other qualifying documents, to the Community Services Department in one of these ways:
 1. **Email:** You may email to CSDFrontDesk@cityofsanteeca.gov - scan or photo copy accepted.
 2. **Fax:** You may fax to (619) 258-4189.
 3. **Drop-off:** Hand deliver to our 24-hour drop box at 10601 Magnolia Ave, Building 6.
 4. **Walk-in:** Bring to our offices during regular business hours (M-Th: 8am - 5pm, Fri: 8am - 1pm).
 5. **Mail-to:** Recreation Programs, City of Santee 10601 Magnolia Ave. Santee, CA Bldg. 6 92071.
- **NOTE: online registration is NOT available for those wishing to qualify for financial assistance.
- Submit proof of financial hardship - see below for qualifying documents.

Application:

Parent/Guardian: _____

Email: _____

Phone: _____

Address (must be Santee resident): _____

Participant First and Last Name:	Grade:	Participant First and Last Name:	Grade:

If registering more than 4 children, complete additional form

Ways to demonstrate a loss of income due to COVID-19:

Option 1: You can self-certify by providing proof of documented job loss, unemployment, or reduction in hours or wages

Option 2: Provide documentation of a business closure (temporary or permanent) due to COVID-19

**Must provide documentation for verification. Please call (619) 258-4100 ext. 222 for more information.

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application and/or removal from the eligibility list.

Signature: _____ **Date:** _____

You will be contacted within 3 business days regarding the status of you application.

For Office Use Only:
Applicaton receipt date: _____
Qualifying documents receipt date: _____
Approval date: _____

