

2025
Friendship Subsidy Program Application
Please complete one application per household



Date: _____ Parent/Guardian's Name: _____

Address: _____ City: Albany Zip Code: _____

Phone: _____ Email: _____ Household size: _____

Annual household gross income: _____ Received Friendship Subsidy before? Yes____ No____

To qualify for assistance your annual household income must be less than or equal to the amounts below:

Household Size	1	2	3	4	5	6	7	8
Maximum Annual Income	\$84,600	\$96,650	\$108,750	\$120,800	\$130,500	\$140,150	\$149,800	\$159,500

Based on the Department of Housing and Urban Development (HUD) Fiscal Year 2024 Low Income Limits.

Name of Participant	Date of Birth	Type of Friendship Program (Check One)
		<input type="checkbox"/> Summer Camp <input type="checkbox"/> Junior Counselor <input type="checkbox"/> Seasonal Camp (February, Spring) <input type="checkbox"/> Afterschool
		<input type="checkbox"/> Summer Camp <input type="checkbox"/> Junior Counselor <input type="checkbox"/> Seasonal Camp (February, Spring) <input type="checkbox"/> Afterschool
		<input type="checkbox"/> Summer Camp <input type="checkbox"/> Junior Counselor <input type="checkbox"/> Seasonal Camp (February, Spring) <input type="checkbox"/> Afterschool

To process your application, the City of Albany must receive documentation of your current address in Albany and your annual gross income. Please send your completed application and provide a copy of the following documents to kmiller@albanyca.org or in person at the **Albany Community Center, 1249 Marin Avenue, Albany, CA 94706**.

1. Most recent federal tax return. *If the applicant does not file a tax return, an alternate means to document income will be required. Please contact kmiller@albanyca.org for assistance.*
2. Utility bill with your name and Albany address clearly indicated (*from within the last two months*). The *first page of a bank statement or lease agreement can be used as an alternative.*

If you were already approved for a subsidy in 2025 for any of the Friendship Programs, you do not need to submit documentation of your address or income again. Please only submit this page.

Please read and initial the following statements:

_____ I have approved the submission of this application.

_____ All the information provided in this application is true to the best of my knowledge and can be documented if required.

_____ I understand that the City of Albany reserves the right to exercise its sole discretion in determining subsidy eligibility and award amounts.

_____ I understand that if I am awarded a subsidy, but at any point decide to terminate Friendship Camp services, that award is forfeited.

_____ I acknowledge that the City of Albany may report the amount of grant money I receive if it is required by law.
UNDER NO CIRCUMSTANCES WILL ANY FINANCIAL OR OTHER CONFIDENTIAL INFORMATION BE PUBLICLY DISSEMINATED.

Signed: _____ Date: _____