

ST. CLAIR SHORES HOCKEY ASSOCIATION

20000 Stephens St. Clair Shores, MI 48080



SCSHA Player Enablement Fund Application and Household Affidavit for CDBG, Dale Buss & Mark Wells Enablement Funds Program

Name: _____ Team: _____

Address: _____

Annual Household Income \$ _____ Family Size _____

Race: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other
 Pacific Islander American Indian/Alaskan Native and White Asian and White
 Black/African American and White American Indian/Alaskan Native and Black/African American
 Other Multi-Racial

Certification:

I certify that the above information is accurate to the best of my knowledge.

Signature of Applicant

Date

Family Size	Gross Income Limit*	Family Size	Gross Income Limit*
1	\$14,450 - \$38,450	5	\$28,780 - \$59,300
2	\$16,500 - \$43,950	6	\$32,960 - \$63,700
3	\$20,420 - \$49,450	7	\$37,140 - \$68,100
4	\$24,600 - \$54,900	8	\$41,320 - \$72,500

*mandatory guidelines for HUD/CDBG awards, extenuating circumstances may be reviewed for Buss/Wells awards

Brief explanation of circumstance:

scan and email to vicepres@scsha.org or print and place in sealed envelope in Vice President's box at arena **prior to 01 OCT**