

EXHIBIT F
STATEMENT OF ELIGIBILITY

LIMITED CLIENTELE - INCOME DATA MAINTAINED

Name of Organization: Mosaic Youth Theatre of Detroit Date _____

Client Name: Young Artist: _____

Service/s Requested: Acting and Vocal Training

Address: _____ City: _____, MI Zip: _____

Phone #: _____ Birth Date: _____ Age _____

Is the Service Recipient/Client (Young Artist) a Single Female Head of Household (i.e., a single female parent with a child 18 years old or younger)?

Yes No

Race and Ethnicity: **Client must check ONE of the first two lines below THEN choose the appropriate Race category (ies)

Hispanic or Latino	
NOT Hispanic or Latino	
Black or African American	
White	
American Indian or Alaska Native	
Asian	
Native Hawaiian or Other Pacific Islander	
Black or African American and White	
American Indian and White	
Asian and White	
American Indian or Alaska Native and Black African American	
*Other multi-racial category: List	

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Income Status:

Family Size: _____

Using the family size indicated above, please check one of the categories indicated below for family income (current as of 3/19/09):

- | | | | |
|-------------|---|--|--|
| Family of 1 | \$0 – \$14,900 <input type="checkbox"/> | \$14, 901- \$24,850 <input type="checkbox"/> | \$24,851 - \$39,750 <input type="checkbox"/> |
| Family of 2 | \$0 - \$17,050 <input type="checkbox"/> | \$17,051 - \$28,400 <input type="checkbox"/> | \$28,401 - \$45,450 <input type="checkbox"/> |
| Family of 3 | \$0 – \$19,150 <input type="checkbox"/> | \$19,151 - \$31,950 <input type="checkbox"/> | \$31,951 - \$51,100 <input type="checkbox"/> |
| Family of 4 | \$0 – \$21,300 <input type="checkbox"/> | \$21,301 - \$35,500 <input type="checkbox"/> | \$35,501 - \$56,800 <input type="checkbox"/> |
| Family of 5 | \$0 - \$23,000 <input type="checkbox"/> | \$23,001 - \$38,350 <input type="checkbox"/> | \$38,351 - \$61,350 <input type="checkbox"/> |
| Family of 6 | \$0 - \$24,700 <input type="checkbox"/> | \$24,701 - \$41,200 <input type="checkbox"/> | \$41,201 - \$65,900 <input type="checkbox"/> |
| Family of 7 | \$0 - \$26,400 <input type="checkbox"/> | \$26,401 - \$44,000 <input type="checkbox"/> | \$44,001 - \$70,450 <input type="checkbox"/> |
| Family of 8 | \$0 - \$28,100 <input type="checkbox"/> | \$28101 - \$46,850 <input type="checkbox"/> | \$46,851 - \$75,000 <input type="checkbox"/> |

*Over 8 – add 8% of 4-person household limit for each additional member and then round to nearest \$50.

**Because this organization receives federal funding intended for low and moderate-income households in the City of Detroit, the indicated information is requested for statistical reporting purposes. Racial breakdowns are also required for federal reporting purposes. Please check only one of the listed categories.

Documentation used to verify family income: ___ Last Income Tax Form; ___ Pay Stubs; ___ Employer Called; ___ Bridge Card; ___ Medicaid/Medicare; ___ Social Security Check/Statement; ___ Welfare or Disability Check/Statement; ___ Food Stamps or School Lunch;
Other: _____

Date Verified: _____

By: **Mosaic Youth Theatre of Detroit:** _____, (printed name)

Mosaic Staff Signature: _____

Date: _____