

**MAYOR THOMAS M. McDERMOTT, JR.**  
Presents  
**HAMMOND CITY-WIDE YOUTH SPORTS  
AND RECREATION PROGRAM**



**General Information:**

Enrollment and activity fees are paid for by the City of Hammond by way of the Department of Planning and Development Community Development Block Grant Program. The city of Hammond will service children between the ages 5-18.

Funds will provide vouchers to low-income youth to participate in city sports leagues who otherwise could not afford to participate.

Examples include: T-Ball, Little League, Boxing, Golf, Soccer, Basketball, Football, Cheerleading and other organized sports activities.

**INCOME GUIDELINES:**

| <b>1 Person</b> | <b>2 People</b> | <b>3 People</b> | <b>4 People</b> |
|-----------------|-----------------|-----------------|-----------------|
| \$53,550        | \$61,200        | \$68,850        | \$76,500        |
| <b>5 People</b> | <b>6 People</b> | <b>7 People</b> | <b>8 People</b> |
| \$82,650        | \$88,750        | \$94,900        | \$101,000       |

**Applications will only be taken by appointment. 219-853-7311.**  
**Appointment days are Wednesdays and Thursdays from 9:00 am to 2:30 pm.**

For further information, please contact:

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Hammond, IN 46320  
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Office: 219-853-7311

## CITY-WIDE YOUTH SPORTS RECREATION PROGRAM

### APPLICATION

#### Parent Information

**DO NOT LEAVE ANY BLANKS.**

\_\_\_\_\_  
**Last Name**                      **First Name**                      **Middle Initial**

\_\_\_\_\_  
**Street Address**                      **City, State**                      **Zip Code**

\_\_\_\_\_  
**Phone**                      **Email Address**

\_\_\_\_\_  
**Spouse Full Name**

**Circle:**              **Female Head of Household**              **Elderly**              **Disabled**

#### Household Composition

(List the Head of Household and all other members who will be living at this address. Give the relationship of each person to the head of household.)

| Household Member<br>Full Name | Relationship | Birthdate | Age | Social Security No. |
|-------------------------------|--------------|-----------|-----|---------------------|
|                               |              |           |     |                     |
|                               |              |           |     |                     |
|                               |              |           |     |                     |
|                               |              |           |     |                     |
|                               |              |           |     |                     |
|                               |              |           |     |                     |

#### Race/Ethnicity of Head of Household

**(Please check one box)**

|          |                          |              |                          |
|----------|--------------------------|--------------|--------------------------|
| Hispanic | <input type="checkbox"/> | Non-Hispanic | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|

| Race                                                    | Check all that apply |
|---------------------------------------------------------|----------------------|
| White                                                   |                      |
| Black/African American                                  |                      |
| Asian                                                   |                      |
| American Indian/Alaskan Native                          |                      |
| Native Hawaiian/Other Pacific Islander                  |                      |
| Asian/White                                             |                      |
| Black/African American & White                          |                      |
| American Indian/Alaskan Native & Black African American |                      |
| Multi-Racial                                            |                      |
| Other                                                   |                      |

## CITY-WIDE YOUTH SPORTS RECREATION PROGRAM

### APPLICATION

**Youth Information – One form per child.**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Initial**

\_\_\_\_\_  
**Current School**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Current Grade Level of Youth**

**What voucher will your child need today and what is the cost?**

\_\_\_\_\_

**COST: \$** \_\_\_\_\_

**Bring the flyer or sports information for the voucher you are requesting.**

### ETHNICITY/RACE OF YOUTH

| Ethnicity of Youth (Please check one box) |                          |              |                          |
|-------------------------------------------|--------------------------|--------------|--------------------------|
| Hispanic                                  | <input type="checkbox"/> | Non-Hispanic | <input type="checkbox"/> |

| Race                                                    | Check all that apply |
|---------------------------------------------------------|----------------------|
| White                                                   |                      |
| Black/African American                                  |                      |
| Asian                                                   |                      |
| American Indian/Alaskan Native                          |                      |
| Native Hawaiian/Other Pacific Islander                  |                      |
| Asian/White                                             |                      |
| Black/African American & White                          |                      |
| American Indian/Alaskan Native & Black African American |                      |
| Multi-Racial                                            |                      |
| Other                                                   |                      |

**CITYWIDE YOUTH SPORTS PROGRAM  
DEPARTMENT OF PLANNING & DEVELOPMENT  
CITY OF HAMMOND  
(219) 853-7311**

**INCOME VERIFICATION - DO NOT LEAVE ANY BLANKS.**

| Household Member Name | Source of Income                     | Payment Basis<br>(weekly, monthly, etc.) | Annual Amount |
|-----------------------|--------------------------------------|------------------------------------------|---------------|
|                       |                                      |                                          |               |
|                       |                                      |                                          |               |
|                       |                                      |                                          |               |
|                       |                                      |                                          |               |
|                       |                                      |                                          |               |
|                       |                                      |                                          |               |
|                       | <b>Total Annual Household Income</b> |                                          | <b>\$</b>     |

I/We, \_\_\_\_\_ herein, declare that  
\$\_\_\_\_\_ is the household income that I/we received ending the  
calendar year of 2024 and that the household size, including myself is \_\_\_\_\_.

I/We were advised that there is a low-income requirement for participation in the Citywide Youth  
Sports Program. I/We acknowledge that the above declared household income and statement of  
the household size is true to the best of my/our knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**YOU MUST HAVE THIS PAGE NOTARIZED IF YOU DO NOT SUBMIT YOUR  
APPLICATION IN PERSON. EMAILED/FAXED APPLICATIONS WILL NOT BE  
NOTARIZED BY OUR OFFICE.**

State of Indiana )  
                          ) SS:  
County of Lake )

Signed before me on \_\_\_\_\_, 2025 by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County

**ALL DOCUMENTS ARE REQUIRED TO ENROLL.**  
**PLEASE READ THE CHECKLIST CAREFULLY.**  
**FILL OUT THE APPLICATION COMPLETELY.**

**Checklist of Required Documents for Approval**

All of the following items must be furnished with your application. **If you do not have all of the required documents you will need to reschedule your appointment.**

1. \_\_\_\_\_ **Proof of Hammond Residency.** Letters will not be accepted.  
One of the following: Mortgage statement, lease, Nipsco or water bill, Housing voucher
2. \_\_\_\_\_ 2024 Tax Return for everyone living in the household. All 3 are required.  
\* Federal Tax Return  
\* State Tax Return  
\* W-2's
3. \_\_\_\_\_ Printouts for: Social Security, TANF, SNAP, child support  
  
Please Note – anyone residing in the household not filing income tax that is retired, receive a pension, social security, or disability benefits, is required to submit:
  - An award letter from the appropriate agency stating the monthly amount received.
  - In addition, any other supplementary income received such as, child support, alimony, etc. must also be included in the TOTAL household income.
4. \_\_\_\_\_ Last three (3) check stubs for everyone living in the household.
5. \_\_\_\_\_ Proof of self-employment, profit/loss statements (1099's)
6. \_\_\_\_\_ Unemployment documentation/stubs
7. \_\_\_\_\_ Birth Certificate for participating youth. **Only the parent/guardian may apply for the participating youth.**
8. \_\_\_\_\_ Valid Indiana Driver's License or State of Indiana identification card
9. \_\_\_\_\_ Receipt showing paid fundraiser fees. Required for:  
Hammond Optimist Youth Sports, Northlake Pop Warner Football, Hessville Vipers  
Hermits

Remaining balances are the parent/guardian responsibility. No exceptions. Vouchers are only for organized team sports. No one to one sports or individual training will be covered under the program. The voucher does not cover fundraiser fees or parent volunteer hours.

Household Income includes everyone currently living in the home.

Each child may participate in up to 5 sports annually through the voucher program, or until funds are exhausted. In such cases, parents will need to find alternative financial assistance. Vouchers are to be used within one month of issuance. The program will not pay for past seasons or sports seasons that have already ended.

Children who drop out of a sport will not be eligible to participate in the program and will be ineligible for subsequent vouchers.

**Yes, I have been a Hammond resident for at least 6 months.**

\_\_\_\_\_  
**Applicant Signature**