

**Application for Financial Assistance (Confidential)—PLEASE PRINT**

Please complete this application so that we may determine your eligibility for financial assistance (reduced or waived fee)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

(Street, City, State, Zip)

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Family Size (household members) : Adults \_\_\_\_\_ Children \_\_\_\_\_

Please list those individuals who are being applied for:

<u>Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the program or activity you wish financial assistance for and for whom:

Explain why you would like financial assistance for this program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monthly gross income from wages and salaries \$ \_\_\_\_\_

Other Income (public assistance, child support) \$ \_\_\_\_\_

Family's Gross Income last year \$ \_\_\_\_\_

Provide a copy of your most recent paystub and last year's federal income tax form 1040

Are you or your family members currently eligible for other public assistance such as free or reduced lunches, food stamps, AFDC? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that all of the above information is true and correct, that all income is reported. I understand that this information being given is for the receipt of a reduced or waived fee for a Park and Recreation Department program/activity. I understand that officials may verify the information on this application and deliberate misrepresentation of the information will result in denial of the request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:	Assistance Approved for: _____
	Signature of staff person : _____ Date: _____

