

Family Application for Reduced Fees

To apply for reduced fees complete only one application per household.

Which program are you applying for (check one): ☐ Afterschool Program ☐ Summer Camp

Section 1: Child Information. Print the name and grade for all children for which you are applying

Name	First	Middle	Last	Grade
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Section 2: Household Members and Gross Income.* Write the names of all persons in your household. Include all adults and children in the home, including the children you are applying for. Write the income amount received by each household member and how often the income is received before taxes are taken out (gross income). List the income in the column that shows where it comes from: employment, child support, alimony, retirement/pension, disability or other income. Report income that is currently received.

Household Member Name	Employment (Gross Income/ Frequency)	Child Support (Gross Income/ Frequency)	Alimony (Gross Income/ Frequency)	Retirement (Gross Income/ Frequency)	Disability (Gross Income/ Frequency)	Other Income (Gross Income/ Frequency)
ex. Jane Roy	1200 / B	200 / W	N/A	N/A	N/A	N/A

Key: **W** = Weekly, **B** = Biweekly, **T** = Twice a month, **M** = Monthly, **A** = Annually

You must provide documents supporting each source of income. Documents accepted include: Prior year W-2's from all jobs, and current child support award letter, alimony award letter, retirement/pension benefits letter, disability or social security award letter.

Section 3: Parent/Caregiver Certification of Information Provided. I certify the household and income information provided is true and complete. I understand that this information will be used to determine eligibility for reduced rates in education programs. This application applies only to the current educational program that I am applying for.

Parent/Caregiver Signature: _____ Date: _____

Home Telephone Number: _____ Work Phone: _____

Address: _____ City: _____ Zip Code: _____

Office Use Only

Total Income: _____ per W B T M A (circle one) Household size: _____

Circle One: Approved or Denied Date Status Added to the Account: _____

*Income Eligibility will be based upon most recent Department of Health and Humans Services Federal Poverty Levels.