



James City County Parks & Recreation Financial Assistance Application

5300 Palmer Lane, Suite 1A
Williamsburg, VA 23188

Phone: (757) 259-5414 Fax: (757) 259-5420 ddurling@james-city.va.us
FY12



Please note: We will accept ONE application per household. A household includes all the persons who occupy a housing unit in which the occupants live and eat together as a single housekeeping unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living expenses.

Important!!! **This application will not be processed without the following proper documentation:**

1. Copies of all household members last paycheck stub from current or most recent employer.
2. Copies of all adults' most recent US Individual Federal Income Tax return (ex. 1040); W-2 forms will not be accepted.
3. Copies of most recent Child Support, Alimony, Social Security, and Retirement Income.
4. Proof of public assistance if applicable: Food Stamps/ TANF.

Applicant Name _____
 Street Address _____ City _____ State VA Zip _____
 Mailing Address _____ City _____ State VA Zip _____
 Home Phone (____) _____ Business Phone (____) _____
 Drivers License# _____ E-mail Address _____

Please list ALL adults and children living at the same residence, including yourself:

1.	Name	Grade	Age	Sex	Date of Birth	Relationship to Applicant	Program Requesting Assistance for
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____

Social Services Representative: _____

Social Services Effective Date: _____ **Expiration Date:** _____

<u>Type of Income</u>	<u>Amount</u>	<u>Frequency</u>
Wages/ Salaries	\$ _____	_____
Social Security	\$ _____	_____
Food Stamps	\$ _____	_____
Unemployment	\$ _____	_____
Child Support/ Alimony	\$ _____	_____
Pension/Retirement	\$ _____	_____
Other	\$ _____	_____
TOTAL EARNED INCOME BEFORE TAXES	\$ _____	_____

Unusual circumstances that would affect eligibility, (i.e., loss of job, illness, change in marital status). (Please briefly explain):

Please take a moment to complete this survey: Where did you receive this application?

Free Lunch Program
 Before/After School Program
 Williamsburg Indoor Sports Complex (WISC)
 Brochure
 Social Services
 James River Community Center
 James City/Williamsburg Community Center
 Other: _____

****Please be sure to complete the front AND back of this application****

Financial Assistance Agreement

1. Your signature on Financial Assistance Application form is an agreement that the parent/guardian/participant will pay the required reduced amount for the program before the program begins.
2. The Financial Assistance Application must be completed for consideration. All required verification of income and information lines must be filled in completely and accurately. Applications that are submitted without proper documentation will become void after two weeks. Discounts will be given upon notification (email or mail) of approval of application.
3. Verification of income is required on a yearly basis, unless otherwise stated; and must include a photocopy of the most recent Federal Income Tax return (**no W-2 forms**; see list of required documentation on the front of this application). A new application **must** be submitted before your expiration date.
4. The Parks and Recreation Finance Office established discounts using U.S. Department of Health and Human Services income eligibility guidelines. The income guidelines are reviewed and updated on an annual basis. Each application is reviewed on its own merit and approved or denied based on information provided.
5. Those receiving services from Social Services must first submit the completed application to Parks and Recreation Finance Office. Finance Office will send Social Services the completed application for stamp verification and signature. After Social Services has verified and signed the application, it will be returned to Parks and Recreation Finance Office for review. **Your signature is an agreement that Social Services may disclose information to the Parks and Recreation Finance Office for determination of discount.**
6. **Application process may take 10-14 business days after receipt of all information.**
7. **Please note that the applicant is responsible for obtaining any photocopies required to accompany this application. Our office is not responsible for original documents submitted with application.**
8. **Applications may be mailed to the address on the front of this application or dropped off at either of the community centers.**

Departmental Use Only:

Date Received: _____
Date Reviewed: _____
Reviewer: _____

All documentation received: Yes No

Approved by: _____
Date Approved: _____

Discount Percentage: _____%

Re-evaluate every: 12 6 3 1

Next evaluation due: _____

Disapproved by: _____

Reason:

Application # _____

Discount due to:

<input type="checkbox"/> Long-Term Illness <input type="checkbox"/> Disability <input type="checkbox"/> Special Circumstances	<input type="checkbox"/> OldeTowne Medical Center <input type="checkbox"/> Dept. of Social Services <input type="checkbox"/> Other
---	--

I affirm to the best of my knowledge, that the information I have submitted to determine my discount, is true and complete. I understand that I must fully disclose all income in the household. I understand that there are legal penalties for fraudulent information or lack of information. I agree to provide income documentation as requested. Financial assistance (15% to 75% reduction of fees) is on a sliding scale based on income. I understand this financial assistance is short term only. I may be subject to a review for eligibility once a year, twice a year, quarterly, or monthly.

You will receive notification of approval by email. If you have not provided an email address on this application you will receive notification by mail.

Applicant's Signature

Date