

1. Applicant Information (PLEASE PRINT)

NAME: _____
 BIRTH DATE: _____
 MAILING ADDRESS: _____

 CITY: _____ ZIP : _____
 PHONE: _____
 EMAIL: _____

Renewal New Applicant

2. List all additional persons living in this household:

_____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__
 _____ DOB __/__/__

3. Financial Information: Fill out Section A *or* B. Incomplete applications will not be processed.

Failure to provide requested documents by given deadline may result in the declination of this application.

Section A: Our family receives public assistance.

Check all that apply:

- TANF
- Food Stamps
- Section 8 Housing assistance
- Medicaid or Medical Assistance
- SSI/SSDI/ Pension Report
- Other: _____

\$ _____ Monthly gross income

You must send proof of current enrollment in one of these programs.

Section B: Our family does not receive public assistance

1. Please provide the following information:

\$ _____ Monthly gross income
 \$ _____ Spouse's monthly gross income
 \$ _____ Other income (child or spousal support, student grants)
 \$ _____ Total family income in the past year

2. Additional information concerning your financial situation: _____

You must send a copy of your last tax return (or a verification of non-filing letter from the IRS) and your last two pay stubs.

4. I certify that this information is true and complete to the best of my knowledge. I grant permission to the Parks, Recreation and Cultural Resources Department (PRCR) to verify this information. I understand that omission, misstatements, and falsification may result in the declination of this application. I agree to notify the PRCR Department if my financial status should change.

Signature _____ Date ____/____/____

How to apply for Financial Assistance:

1. Complete the Financial Assistance Application and make a copy of the required financial documents. Please mark through all social security numbers on all copied documents
2. Submit your application packet a minimum of **3 weeks** prior to the start of the activity.
3. Submit forms by mail, FAX or schedule an appointment with the Financial Assistance Program Administrator.
 - **Schedule an appointment:** 919.996.4839 or fee.assistance@raleighnc.gov
 - **Mail to:** City of Raleigh Financial Assistance Program – 6107
 - PO Box 590, Raleigh, NC 27602
 - **FAX:** 919.996.7016

Approval is only valid from **July 1 – June 30**. A new application is required yearly.

Financial assistance is not guaranteed and is approved based upon need, program space, and fund availability. All applicants' personal information is kept confidential.

OFFICE USE ONLY

Application received: ____/____/____

Approval date: ____/____/____

Approved: _____%

Declined: _____

Expiration date: ____/____/____

Family size: _____

Gross Annual Income: \$ _____

Documentation provided: _____

Notes:

Staff initials: _____