

Financial Assistance Application

Please answer all questions completely. Applications will be accepted only by Longview residents for youth programs. All information will be confidential. Applicants will be notified after the application is reviewed. Mail or drop off your completed application to: **Longview Recreation, 2920 Douglas Street, Longview, WA 98632.**

PARTICIPANT'S NAME: _____ **AGE:** ____ **GRADE:** ____
BIRTH DATE: _____ **M** ____ **F** ____ **SCHOOL:** _____
RECREATION CLASS/PROGRAM: _____
DATE/DAYS: _____ **FEE:** _____

The undersigned certifies that:

1. There are _____ dependents and _____ parents/guardians residing in the household.
2. For the previous month, the combined total income from all sources for all household residents was \$ _____. Please complete the income worksheet. **Attach documentation.**
3. The undersigned is the head of household requesting funds.

Please list your gross household income per month below:

Paycheck: \$ _____

Unemployment: \$ _____

Social Security: \$ _____
(SSI, SSA)

Child Support: \$ _____

DSHS: \$ _____ do not list food stamps
(Welfare, WIC, TANF, etc)

Other: \$ _____

TOTAL: \$ _____

Are you a current recipient of
DSHS Child Care?
_____ yes
_____ no

**To see if you qualify
call 1-877-501-2233**

PARENT/GUARDIAN NAME: _____

RELATIONSHIP TO MINOR: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DRIVERS LIC#: _____ **EMAIL:** _____

WORK PHONE: _____ **HOME PHONE:** _____

I have verified that the above information is complete and correct and further understand that falsifying information on this form is just cause for removal from the program. I understand that this information is being given for the receipt of fee reductions; that City may verify information on the application; and that deliberate misrepresentation of the information may subject me to prosecution.

Signature

Date

Please attach the following to your application:

1. Proof of address - for example, a postmarked letter to your current address.

2. Proof of income for the past 3 months, such as, paycheck stubs, unemployment check stubs, a recent income tax return, social security statements, etc.

Applications without these items will not be considered.

FOR STAFF USE ONLY Date Received: _____ Resident: _____ Income Verified: _____

Approved: _____ Pending: _____ Scholarship: _____ Reduced (50% or 25%): _____ Amount Due: _____

Applicant Notified: _____ Follow Up: _____ By: _____ Receipt #: _____