



Financial Assistance Program Agreement

1. Signature of financial assistance application form is agreement that the parent/guardian/participant will pay the required reduced amount for the program before program registration deadline.
2. Financial Assistance application must be complete 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 null and void after two weeks. Discounts will not be retroactive on such applications and the application process must start over.
3. Verification of income is required on a yearly basis, unless otherwise stated and must include a photocopy of the most recent Federal tax return (those who own their own business must submit the proper paper work). A new application must be submitted no earlier than May 1st of each year and must include a photocopy of the most recent Federal tax return.
4. The Williamsburg Parks and Recreation Department establishes guidelines based on Federal income poverty guidelines. The income guidelines are reviewed and updated on an annual basis. Each application is reviewed on its own merits and approved/denied based on information provided.
5. Program registration must be paid in full before registration deadline or participant will not be allowed to attend.
6. Those receiving services from the City of Williamsburg Human Services Department must first submit the completed Application to their eligibility representative for verification and signature.
7. After Human Services has verified and signed the application, the application must then be submitted to the Williamsburg Parks and Recreation Department for review if applicable.
8. Signature on the financial assistance application form is agreement that Human Services may disclose information to Parks and Recreation for determination of discount.

Please note that the applicant is responsible for any copies that are required for the application.

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 and that there are legal penalties for fraudulent information or lack of information. I agree to provide income documentation as requested. Financial Assistance (20% to 75% reduction of fees) is on a sliding scale based on income.

I understand this financial assistance is short term only. Re-determination may be as follows: annually, bi-annually, or monthly.

Applicant's Signature

Date

Department Use Only

Discount Due To:

- | | |
|--|---|
| <input type="checkbox"/> Long Term Illness | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Special Circumstances | |