



# CITY OF FERNANDINA BEACH PARKS & RECREATION

## FINANCIAL ASSISTANCE APPLICATION FOR CITY RESIDENTS ONLY



*This form is for programs with admission-based fees only.*

**IN ORDER TO APPLY FOR ASSISTANCE:** You must complete and return the financial assistance form plus provide the required documentation needed to prove household, income, or free and reduced lunch to the Atlantic Recreation Center, 2500 Atlantic Ave., Fernandina Beach, Florida, 32034. All information is kept confidential.

- If you are on disability you need to bring in a copy of your disability and/or social security statements.
- If you have more than one child that qualifies for free and reduced lunch you will need to bring a letter for each child.
- In order to include other children that are not on free and reduced lunch, or a spouse, you will need to prove that you can claim them on your most current federal tax return. A copy of your most recent federal tax return must be turned in with the form.
- A household does not mean who lives in the house with you. It is for your children, you, and your spouse. This must be proven through your most current federal income tax return. A copy of your tax statements must be turned in with the form.

After qualification has been determined the documents will be shredded.

**HEAD OF HOUSEHOLD: MUST PRINT, and ALL \*fields are MANDATORY!**

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Birthday MM/DD/YYYY \_\_\_\_\_

\*Gender: Male \_\_\_ or Female \_\_\_      Emergency Contact/Phone \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

\*Primary E-Mail: \_\_\_\_\_

Secondary E-Mail \_\_\_\_\_

Medical notes: \_\_\_\_\_

### FAMILY MEMBER INFORMATION

*First Name	*Last Name	*Birthdate( MM/DD/YYYY)	*Gender	Phone	E-mail

**REQUESTING FREE OR REDUCED FEE PARTICIPATION IN THE FOLLOWING ELIGIBLE PROGRAMS (check all that apply):**

- Public Swim/Lap Swim     
  Water Aerobics     
  Atlantic Fitness / Peck Gymnasium

**Documentation provided: More than one kind of documentation might be needed.**

- Disability and/or Social Security Statement     
  Free and Reduced lunch forms for each child     
  Current Federal Income Tax Return

**\*\*\*This side is for Office Use only\*\*\***

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**EARNINGS** *(of ALL members of household)*

	Annual income from work (monthly x 12): <i>Documentation: provide copy of most current federal income tax return</i>
	Annual AFDC Payments, Child Support, Alimony (monthly x 12): <i>Documentation: provide copy(s) of court papers or copy of most current federal income tax return</i>
	Annual Payments from Pension, Retirement, Social Security (monthly x 12): <i>Documentation: provide copy(s) of annual statement or last 4 monthly PAYMENT stubs</i>
	<b>COMBINED TOTAL YEARLY INCOME OF ALL MEMBERS OF HOUSEHOLD</b>

%	FPL ANNUAL INCOME
	<b>Or</b>
	Qualifies for Free and Reduced Lunch Program

Staff Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

Date Expires \_\_\_\_\_