This section to be completed	Review Number	Rec Trac Household	Resident Status	Income Eligible	Review Date	Review Time	Initials
This section to be completed							
by reviewing staff use only ►							



2015-2016 Financial Assistance Application *for* Youth Programs

Return applications and eligibly documents to an area Parks and Recreation facility or mail to: Austin Parks and Recreation Department Financial Assistance Program, 200 South Lamar, Austin, Texas 78704

Fax: (512) 974-6756 Voicemail: (512) 974-3911

Email: PARDFinAid@austintexas.gov

The Austin Parks & Recreation Department is extending financial assistance to qualified families with youth participants interested in attending recreation programs. Youth participants must 1) reside in the City of Austin and 2) receive or be eligible to receive reduced or free lunches in their school district to qualify for assistance. Applicants must submit a copy of the eligibility letter provided by the child's school with this form or complete the "Attestation of Eligibility" section on the

back side of this form. Complete the form in black or blue ink and do not use correction tape or fluid. Incomplete or Illegible applications will not be considered. Recipient households receive a 50 percent reduction in registration costs for City of Austin Parks and Recreation youth programs and additional program information. Households that qualify for free lunches may also qualify for additional financial scholarships (see back page for additional details). Eligibility does not guarantee assistance. Assistance does not guarantee program registration or transportation.

Page 101 au	, ,	d Information: Street addre		•	, ,	·
Household Street Address (include Apartment Number)			City	, , , , , , , , , , , , , , , , , , , ,	State	Zip Code
Primary Ho	usehold Name	Home Phone	Cell Pho	one	Work	z Phone
Trimary 110	useriola Nume	Tiome Thore	Centric	, inc		THORE
Constant	Harrack and Name	Harra Dhara	C-II Di-		14/I	. Dis a cons
Secondary	Household Name	Home Phone	Cell Pho	one	Work	. Phone
		ommunicate application st				
there is		he household has a differe	nt mailing addres Secondary Er		the full m	ailing address instead.
Primary Em	iali Address		Secondary Er	nan Audress		
Applican		ts listed below 1) must shar				
Name		e applications for individua	Is that do not sha Gender			ormation.
				Age Da	te of Birth	
1.			□ M □ F			
2.			□M□F			
3.			□M □F			
4.			□M □F			
5.			□M □F			
6.			□ M □ F			
		Proof of Eligibility: Please c	heck the appropr	riate options belo	w.	
Proof of Eligibility: Please check the appropriate options below. ☐ An applicant named above receives a reduced or free lunch from his or her school. Please include the "Letter of Eligibility" from his or her school when submitting application. ☐ Applicants named above are eligible for the reduced or free lunch program but do not participate. Please complete an "Attestation of Eligibility" section on the back of this form.						
	Certificati	on Statement and Signatu	re: Please read th	ne statement and	sign belov	V.
I certify (promise) the information provided above and any eligibility documents included with this application are true. I understand that if I provide false information, any financial assistance received will be revoked, and full payment for registration will be required for continued participation. I further understand that if I intentionally provide false information on this form, I will be subject to the above penalty, be required to reimburse any scholarship funds received and may also be subject to criminal prosecution.						
Primary/Se	condary Household Signa	ture			Date	
		the Americans with Disabilities A				

Please read and complete the front side of this form before completing this side.



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Attestation of Eligibility Section: Complete this section <u>ONLY</u> if you DO NOT have a Letter of Eligibility from the applicant's school. Please note schools can qualify individuals for reduced or free lunch benefits using information other than income, but the Parks Department cannot without the letter from the school. Income eligibility guidelines can be found at http://www.fns.usda.gov/school-meals/income-eligibility-guidelines.

Total Household Members: List yourself a members, including children, regar		Total Gross Household Monthly Inco Attestation Sections listing zero or no income				
Name	Date of Birth	Type of Income	Monthly Amount			
		Household Primary Gross Income				
		Household Secondary Gross Income				
		Welfare, Child Support, Alimony				
		Social Security, Pension, Retirement				
		List <u>all</u> additional income sources, including oth	er household members			
		INCOME TOTAL				
Attestation Certification and Signature: Please read the statement and sign below.						
I certify (promise) the information above is complete and true. I understand the Austin Parks and Recreation Department may request proof or documents to verify the information above at any time while my child(ren) is/are participating in the Financial Assistance Program. I understand if I refuse to cooperate or am unable to comply with a request for information, any financial assistance received will be revoked and full payment for registration will be required for continued participation. I further understand that if I intentionally provide false information on this form, I will be subject to the above penalty, be required to reimburse any scholarship funds received and may also be subject to criminal prosecution.						
Primary/Secondary Household Signature		Date				
	Additional Sch	nolarship Funds				
Supplemental scholarships are available to households that qualify for <i>free lunches</i> and provide funds in addition to the discount received through the Financial Assistance Program. These funds are requested and awarded separately from this process and per youth program, and cover an additional 25 percent of program costs. Participants interested in these additional scholarships must first apply for and receive Financial Assistance. Additional details will be sent to financial aid recipients who are also qualified to request these additional scholarships.						
Site/Facility Staff: Complete this se	ection with the Date an	d Time the application and proof of eligibili	ty are received.			
Receiving Staff Site or	Facility	Reception Date Recept	tion Time			
		/ /201	: AM			
To be completed by Financial Assistance staff						
Based on provided information and USDA guid	delines. Household meet	s qualifications for ☐ free lunch ☐ reduced lunc	ch. does not qualify			

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