



Marion Parks and Recreation Department

Application for Financial Assistance

This form must be completed in cooperation with an employee of the Recreation Department

Date: _____

Name Of Parents: _____
Last Name First Name Middle

Last Name First Name Middle

Street Address: _____ **Day Phone:** _____

_____ **Evening Phone:** _____

Email Address: _____

Number of people residing in the household: _____

Participant's Names:

_____ Age: _____

_____ Age: _____

- I understand to be considered for certain types of financial assistance, I and all eligible family members must live within the city limits of Marion, Iowa. I understand this application must be completed in the presence of and in cooperation with an employee of the City of Marion Parks & Recreation Department.
- I understand should I qualify for financial assistance I will be required to pay a 25% co-payment of the recreation program cost and a 50% co-payment for a swimming pool pass and pool programs. This amount will be calculated by the Recreation Department staff. Any non-program costs such as uniforms are not eligible for assistance. I understand the fees are due at the time of registration.
- I will provide any necessary documentation needed to verify the information I have given on this application. I give the Marion Parks and Recreation Department my permission to verify any information contained in my application with the appropriate authorities. My signature below grants this permission.
- **I certify the following information to be true and correct to the best of my knowledge. I further understand that if I have misrepresented any information that I may be required to repay the benefits my family or I have received and be banned from being considered for financial assistance in the future.**

Signature Date

Household Income:

Employment	gross amount before taxes	\$ _____	(monthly or annual)
Employment (spouse)	gross amount before taxes	\$ _____	(monthly or annual)
ADC or FIP		\$ _____	(monthly of annual)
Child Support		\$ _____	(monthly or annual)
Social Security Disability		\$ _____	(monthly or annual)
Food Stamps		\$ _____	(monthly or annual)
Rent Subsidy from Low Rent Housing		\$ _____	(monthly or annual)
Total of all income and benefits			\$ _____ (Annual)

Provide current documentation of receiving food stamps or other state based financial assistance.

OFFICE USE

Date Approved:
 (valid for one year)

Staff Initials: