



RecAssist Financial Assistance Application

Completion of this application does not guarantee assistance.
 INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ (Alternate phone): (_____) _____ - _____

Email: _____

Residency verification: Attach **one of the following documents with name & address:**

- Utility bill Bank statement Insurance card displaying address Lease or mortgage document

Receiving financial assistance will allow you to:

- Work Attend school Other: _____

Can we contact your employer, school or other source to verify income or enrollment?

- Yes No

Number of people in your household: _____ Adults _____ Children

Employer: _____ Phone: _____

Employer: _____ Phone: _____

*If more space is needed, please list additional employment information on back of this form.

Source of income	Parent/Guardian Monthly Income	Parent/Guardian Monthly Income
Work		
Social Security		
Disability		
Aid to a dependent		
Unemployment		
Pension/retirement		
Other income		

Income verification: Provide one of the following documents for each parent:

- 3 Consecutive paycheck stubs
- Current Social Security benefits document
- Current statement of award or benefits for public assistance
- Letter from employer on company letterhead verifying income
- Official letter from a case manager or similar authority if you are unemployed, participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter

I understand this is only an application to request financial assistance and not a guarantee of assistance. If awarded financial assistance I will be held liable for any remaining balance. I hereby certify that the information provided is true, accurate and complete to the best of my knowledge. If my child(ren) is/are dismissed for misconduct such as, but not limited to, behavioral issues, fighting, theft, profanity or vandalism, I will not be eligible to apply for financial assistance for the period of one calendar year. Submitting false/misleading information may result in the household becoming ineligible to participate in future financial assistance programs.

Parent/Guardian Signature: _____ Date: _____

Feel free to include any additional statements to assist us in gaining a clear understanding of your financial need.

Attach all supporting documentation and a copy of your state-issued identification.

Applications may be dropped off at the following locations:

Parks & Recreation Admin. Office 418 Carpenter Ave | 704-663-7026

Selma Burke Recreation Center 781 Agape Dr | 704-799-4231

Winnie Hooper Recreation Center 221 S. Sherrill St | 704-663-0033

War Memorial Recreation Center 220 N. Maple St | 704-663-2670

Notification of approved or declined applications will be made by email. Please allow up to 5 business days for processing. Assistance will be awarded based on eligibility and available funds.

If you have questions, please call:

Therapeutic Programs | (704) 663-2670

Swim Lessons | (704) 663-7026

Afterschool Program, Camps & School Out Fun Days | (704) 799-4231

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Attach all supporting documentation.

Please do not write below this line

Date Application Received: _____

Discounted Rate: 25% 50% 75% 100%

Signature: _____ Date: _____

Staff

