

**TOWN OF BASALT
RECREATION DEPARTMENT**

FINANCIAL ASSISTANCE PROGRAM APPLICATION

INSTRUCTIONS

To apply for financial assistance for Basalt Recreation Department programs, please complete this application, sign your name and return the application to the Recreation Department office by mail (101 Midland Ave., Basalt, CO, 81621) or by fax (970-927-1354).

QUALIFICATIONS FOR FINANCIAL ASSISTANCE

Applicants have three (3) options to qualify for financial assistance for your children to qualify for a 50% to full reduction in registration fees for Basalt Recreation Department programs.

Options:

1. If your household is receiving Food Stamps.
2. If your household income is receiving Aid to Families with Dependent Children (AFDC).
3. If your total household income is the same or less than the amounts on the income chart (see Income Chart below).

1. FAMILIES RECEIVING FOOD STAMPS:

Does household receive Food Stamps? Yes _____ No _____

If yes, please include Food Stamp Case Number: _____

NOTE: Copies of materials to support this information **must** be attached.

2. FAMILIES RECEIVING AID TO FAMILIES WITH DEPENDENT CHILDREN

Does household receive Aid to Families with Dependent Children (AFDC)? Yes _____ No _____

If yes, please include AFDC Case Number: _____

NOTE: Copies of materials to support this information **must** be attached.

3. HOUSEHOLD GROSS MONTHLY INCOME:

NOTE: copies of current Income Tax Returns and Current pay stub from all employers or, if self employed, financial statement for the last six (6) months **must** be attached to support the following information!

Names of Household Members	List Total Gross Monthly Incomes (before deductions)
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total:	\$

Child Support Received: \$ _____

INCOME CHART

Household Size	Total Gross Monthly Income	Percentage of Reduced Fee(s)
2	\$1,600 & Below	50%
3	\$2,000 & Below	50%
4	\$2,400 & Below	50%
5	\$2,800 & Below	50%
6	\$3,200 & Below	50%
7	\$3,600 & Below	50%
8	\$4,000 & Below	50%

PARENT INFORMATION: (please print)

Mother's Name: _____ Father's Name: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Physical Address: _____ Physical Address: _____

Mailing Address: _____ Mailing Address: _____

CHILDREN INFORMATION: (please print)

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

Name: _____ Age: _____ Date of Birth: _____

PARENT SIGNATURE AND SOCIAL SECURITY NUMBER:

I certify that all of the above information is true and correct and that all income is reported. I understand that the Town of Basalt can and may be verifying the information on the application and that any deliberate misrepresentation of the information may disqualify this application form consideration and participation in this program.

Signature of parent or Adult Household Member

Social Security #

Date