

# Amherst Recreation

## Fee Reduction Application

Amherst Recreation, 170 Chestnut St., Suite 1, Amherst, MA 01002  
phone: 413-259-3065, fax: 413-259-2407  
website: www.AmherstMaRec.org, email: rec@amherstma.gov

*Please contact us if you would like help completing this application.  
All information provided on this application is strictly confidential.*

### Section A: Information About You and Your Family

Today's Date \_\_\_\_\_ Your Title (Optional) Mr. \_\_\_ Miss \_\_\_ Ms. \_\_\_ Mrs. \_\_\_

Your Name: \_\_\_\_\_  
(First) (Last) (M.I.)

Mailing Address: \_\_\_\_\_  
(Street, P.O. Box) (Town) (State) (Zip)

Residential Address: \_\_\_\_\_  
(Street) (Town) State) (Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Home) (Cell)

**1. Do you have legal dependants who live with you more than half the year?** Yes \_\_\_ No \_\_\_  
Please list their names and dates of birth. If you need more space, please use the back of this form.

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ \_\_\_ Male \_\_\_ Female

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ \_\_\_ Male \_\_\_ Female

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ \_\_\_ Male \_\_\_ Female

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ \_\_\_ Male \_\_\_ Female

**2. How many adults live in the household including yourself?** \_\_\_\_\_

**3. Do you have another household member that contributes financially to the household?** Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

**4. Are there other people contributing financially to your household?** Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**5. Are you eligible for the Voucher Day Care Program?** Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Please first utilize the Voucher Day Care Program when applying for day camp or after school program assistance.

**Section B: Information About Your Need for Assistance**

**Directions:** Choose **ONE** of the following three methods for us to verify your need for assistance:

**Method A**

Use previous year income tax figures from a completed or estimated IRS form 1040, 1040A or 1040EZ.

- 1. Number Exemptions: \_\_\_\_\_
- 2. Adjusted Gross Income: \$ \_\_\_\_\_
- 3. Please attach a copy of your most recent tax form to this application.

**- OR -**

<p><b>Method B:</b> Answer the following and provide verification/documentation for each source of income.</p> <p>1. Income earned from employment (please provide at least 4 consecutive paystubs).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">You</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td>Spouse/Partner</td> <td>\$ _____</td> </tr> </table> <p>2. Annual Interest Income \$ _____</p> <p>3. Dividend Income \$ _____</p> <p>4. Alimony \$ _____</p> <p>5. Unemployment Benefits \$ _____</p> <p>6. Help from another \$ _____</p> <p>7. Self-Employed Income \$ _____ (please attach financial statement for past 12 months)</p> <p>8. Other Income (please specify) _____ \$ _____</p> <p><b>TOTAL INCOME</b> \$ _____</p>	You	\$ _____	Spouse/Partner	\$ _____	<p><b>Method C:</b> Answer the following and provide verification/documentation for each source of income.</p> <p>1. Child Support Received for all Children \$ _____</p> <p>2. Aid to Families with Dependent Children (AFDC) \$ _____</p> <p>3. Social Security/Pension Benefits \$ _____</p> <p>4. SSI (Supplemental Security Income) \$ _____</p> <p>5. Food Stamp Benefits \$ _____</p> <p>6. Workers' Compensation \$ _____</p> <p>7. Student Loans, Grants or Scholarships \$ _____</p> <p>8. Free or Reduced Lunch Free _____ Reduced _____</p> <p>9. Veteran's Services (State or Federal) \$ _____</p> <p>10. Trust Funds, Annuities, or Settlements \$ _____</p> <p><b>TOTAL INCOME</b> \$ _____</p>
You	\$ _____				
Spouse/Partner	\$ _____				

I verify that all information contained in this application is accurate and true to the best of my knowledge and that this application reflects my household's true total income. I understand that I am required to notify Amherst Recreation immediately of any changes that increase my total household income.

Signature	Date
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