

TRUCKEE DONNER RECREATION & PARK DISTRICT APPLICATION FOR FINANCIAL AID

District Policy: The District provides limited assistance funds for Recreation programs & Memberships. Assistance funds are limited and on a first-come, first-served basis. Award of funds will be based on the family's need for the program and approved based on the Salary Threshold provided by the HUD State Income Limits for Nevada County.

# of Persons in Household	1	2	3	4	5	6	7	8
Annual Income	\$42,950	\$49,050	\$55,200	\$61,300	\$66,250	\$71,150	\$76,050	\$80,950

****This information is strictly confidential****

Funds requested by: _____

Participant: _____ Age: _____

Address: _____

Phone # _____ Email: _____

Program/Membership Requested: _____

Financial Aid given is 25% off program fee; Memberships are offered at the annual rate payable in monthly payments. Financial Aid requests can take up to two weeks for approval.

Number in family living in this household: _____

Total Annual Income:* _____ (Include income of all family members)

*The District requires verification of income through a copy of your Federal and/or State Income Tax Return. Please note that assistance will expire after three months of use for any on-going programs or memberships. You will be required to reapply for further assistance if needed.

I hereby certify that all of the above information is true and correct and that deliberate misrepresentation will subject me to denial of future consideration. I also certify that I am the legal guardian of the child referred to.

Signature of Requesting Party _____ Date _____

DISTRICT USE:

Date application received: _____ By: _____

Date Income/Household Verified: _____ By: _____

Approved _____ Amount Discounted _____ Denied _____

Conditions of Approval _____