Financial Assistance Application

Call 301-600-1039 if you have any questions related to this application

APPLICANT INFORMATION			
Name	Date of Birth	Home Phone	
Address	City	State	Zip
Email Address	Frederick County Resident □ Yes □ No	Must provide proof of address (utility bill, rental agreement/mortgage statement, or bank statement)	
Marital Status (check one) □ Single □ Married □ Divorced □ Separated	Spouse's Name	Spouse's Date of Birth	

Dependants		
Name	DOB	Relationship
Name	DOB	Relationship
Name	DOB	Relationship
Name	DOB	Relationship
Name	DOB	Relationship

EMPLOYMENT INFORMATION			
Applicant □ Employed □ Homemaker □ Retired □ Unemployed □ Disabled	Employer Name _____ Employer Phone _____	**Spouse** □ Employed □ Homemaker □ Retired □ Unemployed □ Disabled	Employer Name _____ Employer Phone _____

FAMILY IMCOME			
Source of Income	**Monthly Gross Amount**		**Must Provide the Following Documentation**
	Self	**Spouse**	
Employment	$	$	Month's worth of paystubs
Retirement/Pension Benefits	$	$	Benefit Letter
Social Security Benefits	$	$	Benefit Letter
Disability Benefits	$	$	Benefit Letter
Unemployment Benefits	$	$	State Unemployment Documentation
Veterans Benefits	$	$	Benefit Letter
Alimony	$	$	Court Order or other supporting documentation
Child Support	$	$	Court Order or other supporting documentation
Self-Employment	$	$	Tax Income Return
Public Assistance	$	$	Approval Letter
Other	$	$	Supporting Documentation
Must provide copies of supporting documents listed above that may aid this Division in verifying eligibility			

Financial assistance is available for individuals and families on a needs-based sliding scale, based on qualifications and available resources. Applicant must be a Frederick County resident and must provide all supporting documentation to be eligible. All information is kept confidential and treated with the utmost sensitivity. Once your application is received and processed, you will receive notification of your eligibility via email or mail (if no email is provided). Applications are reviewed in the order they are received. This process takes approximately 2 weeks.

_____ _____

Applicant Signature **Date**

The information I have provided on this form is complete and accurate and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that Frederick County Parks and Recreation provides financial assistance to the extent that resources are available and that Frederick County Parks and Recreation reserves the right to refuse assistance to any applicant.

Submit this form and all supporting documentation to:
Frederick County Division of Parks and Recreation
C/O Financial Assistance
355 Montevue Ln, Suite 100
Frederick, MD 21702-8213
Fax: 301-600-2595

DIVISION USE ONLY	
Date Application Submitted:	
□ Application Approved % of Fee to be paid by Division_____ % of Fee to be paid by Applicant_____	□ Application Denied Reason:
Recreation Superintendent Signature:	