

Applicant's Name:

**FORT DODGE
COMMUNITY
REC CENTER**

Financial Assistance
Application

FDCRC -1422 1st Ave South - Ft. Dodge - (515)573-7107

Financial Assistance Policy

It is the policy of the Fort Dodge Community Recreation Center (FDCRC) that financial assistance is available based on documented need and available funds. It is our intention that no youth will be denied membership or program participation and no adult will be denied membership participation for financial assistance.

We require that all individuals contribute a portion toward membership and/or program fees. In order to maximize the number of individuals and families that are served, financial requests are not guaranteed to be granted.

All information obtained in financial assistance applications will remain confidential and accessible to the designated individuals in charge of the financial assistance process.

What are you applying for?

Program Assistance Application

Specify Program: _____

Membership Application

- Youth (17 and under)
- Adult (one adult)
- Single-Parent Family (one adult and legal dependants under 22)
- Family (two married adults or significant others living in the same household and legal dependants under 22)

Financial Assistance Instructions

- Program assistance must be requested and approved prior to the start of the program.
- When applying for program assistance, please apply early to ensure space availability in the class.
- You will receive a letter within 60 days or the application process must start again,
- Fill out this form completely and return it to the FDCRC with the required documentation to verify the dependency of children and the total monthly income of each individual in your household.
- All information given on this form is confidential and will be used only for determining financial assistance.
- Any false or omitted information will disqualify you from receiving assistance. An incomplete application will not be processed.

- If you or your children do not share the same last name, verification of dependency is required.
- You may submit a medical card, income tax statement, or proof of legal guardianship as documentation. We reserve the right to request documentation for proof of dependency.
- The FDCRC provides membership assistance for youth, adults, and families, plus their legal dependent(s) under the age of 22 living in the same household.
- Assistance must be applied for every year. There are no automatic renewals for financial assistance memberships, the FDCRC has the discretion to limit financial assistance,

Applicant Information:

Are you aware of the cost of the membership or program for which you are seeking assistance? How much are you willing to contribute towards this program or membership? \$ _____

Head of Household: _____

Date of Birth: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Employer: _____

Number of People in Household: _____ Adults: _____ Children: _____

Marital Status (circle one): Single Divorced Legally Separated Widowed

Spouse/Significant Other: (For Family Memberships Only)

First Name: _____ Last: _____ Middle Initial: _____

Date of Birth: _____

Spouse's Employer: _____

Dependant(s): (Legal dependents under the age of 22)

First Name: _____ Last: _____ Middle Initial: _____

Date of Birth: _____ Relation: _____

First Name: _____ Last: _____ Middle Initial: _____

Date of Birth: _____ Relation: _____

First Name: _____ Last: _____ Middle Initial: _____

Date of Birth: _____ Relation: _____

First Name: _____ Last: _____ Middle Initial: _____

Date of Birth: _____ Relation: _____

1.) Does anyone in your household currently receive financial assistance from FDCRC?

(circle one) Yes No

2.) Do any of your children currently receive the subsidized lunch program from area schools?

(circle one) Yes No

3.) What are your monthly income sources and how much per month?

_____ Wages/Salaries \$ _____ x _____ Social Security \$ _____

_____ Child Support \$ _____ x _____ Rent Subsidy/Assistance \$ _____

_____ Food Stamps \$ _____ x _____ Dept of Child & Family Serv \$ _____

_____ Public Aid \$ _____ x _____ Child Care Assistance \$ _____

_____ WIC \$ _____ x _____ Other \$ _____

If Applicable Case # _____ Case Worker: _____

4.) What is the total gross household income per month?: \$ _____

5.) **Enclose a copy of the two most recent, consecutive pay stubs and a copy of last year's Federal Income Tax Form 1040 of everyone working in the household.** This application cannot be processed without the above. Documentation of monthly financial assistance from agencies listed #3 should also accompany this application.

6.) Is there any other information that you can share that will have bearing on this application?

References: Non-family who can verify your financial needs: (i.e. principal, social worker, etc.)

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

- Government Assistance - Notice of Decision (with names of the eligible person(s) and total income including food stamps)
 - Social Security Disability - Letter from Social Security Office or Notice of Decision stating monthly benefits amount. This often needs to be accompanied by Government Assistance Income as applicable.
 - Unemployed - Notification of eligible Benefits from the Unemployment Office. Federal tax returns will still be needed, as unemployment is a taxable income.
 - Full-time College Student - Letter from Registration Office indicating a current full-time student status. A school schedule is not adequate documentation.
 - No Income - The FDCRC needs the income verification of the person(s) supporting the applicant.
 - Example: John does not work and is living with his grandmother. Since she is providing him with a room and bed, the FDCRC would need a letter from John's grandmother stating the situation.
 - Just Released From Prison - A letter is required from probation or parole officers stating the release date. In most cases, the applicant will have a one-month membership and then reapply with two paycheck stubs once employment is secured. Cases are reviewed on an individual basis.
 - People Living In Shelters - Letter from caseworkers stating the circumstances of the individuals' basis.
 - Please ask to speak to the Associate Director if your income falls under different criteria as stated above.
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For Office Use Only:

Annualized Household Income: _____

Number of People in Household: _____

Check Collection Agency: _____

% of Membership Payment: _____

% of Program Payment: _____

Program Fee Payment: _____