



# FINANCIAL ASSISTANCE APPLICATION

## AM I ELIGIBLE FOR A DISCOUNT?

You may be eligible for discounts on programs and passes if: (1) you live or own property in Orange County or Chapel Hill, *and* (2) your total household income is less than one of the amounts below:

Number of People in the Household	1	2	3	4	5	6	7	8+
Maximum family income for a 25% discount*	\$53,500	\$61,150	\$68,800	\$76,400	\$82,550	\$88,650	\$94,750	\$100,850
Maximum family income for a 50% discount*	\$33,450	\$38,200	\$43,000	\$47,750	\$51,600	\$55,400	\$59,250	\$63,050
Maximum family income for a 90% discount*	\$20,100	\$22,950	\$25,800	\$28,650	\$32,470	\$37,190	\$41,910	\$46,630

Total family income includes *all* annual income for each adult member of the household.

\*We have a minimum fee of \$5. If your discount would reduce a fee below that, you will pay \$5 instead.

## HOW DO I APPLY FOR A DISCOUNT?

1. Complete the form on the back of this page; leave nothing blank.
2. Choose how you'll verify your income from the chart on the form; attach all the required documents.
3. Return your form to one of the locations below. Check our website at [chapelhillparks.org](http://chapelhillparks.org) for operating hours.

Do not email your form; email is not a secure way to share personal information.

- Parks & Recreation Administration, 200 Plant Rd
- Chapel Hill Community Center, 120 S Estes Dr
- Hargraves Community Center, 216 N Roberson St
- Homestead Aquatic Center, 300 Aquatic Dr

## WHAT HAPPENS AFTER I APPLY?

We usually process financial assistance applications within 3 business days, but it can take up to 10 business days during registration events and holidays. You can drop off your application any time a facility is open, but we only process them during normal business hours.

We'll notify you by email or letter if your application was approved or denied. Your discount is immediately active after approval, even if you haven't received your notification yet.

## HOW CAN I USE MY DISCOUNT?

Your discount will automatically apply to any Parks & Recreation program or pass that qualifies, whether you're registering in person or online. Some programs can't be discounted; those programs will have a note in their description letting you know.

## HOW LONG DOES MY DISCOUNT LAST?

Your discount is good for one year; you need to re-apply every year to keep your discount active.

We are committed to making our Parks & Recreation programs available to as many residents as we can. If you have any questions on your eligibility or verification, contact Chapel Hill Parks & Recreation at (919) 968-2784.



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## HOUSEHOLD INFORMATION

Head of Household First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ APT # \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

## HOUSEHOLD MEMBERS

Please fill out the box below for all members of your household, including you. **Do not leave the income column blank.**

First & Last Name	Birthdate	Gender	Grade	School Name	Annual Income*
<b>Household's Total Annual Income</b>					

\* Annual income is the total each household member has from all sources, including: pay, allowances, child support, pensions, disability, social security & unemployment benefits, grants, student loans, self-employment, savings, personal funds, stipends, etc.

## VERIFICATION

Please let us know how you'd like us to verify your application. Attach copies of documents only; no originals. If you aren't sure if you can verify your income with any of these methods, please call us at (919) 968-2784.

VERIFICATION METHOD (CHECK ONE)	REQUIRED DOCUMENTS (ATTACH ALL)
<input type="checkbox"/> I live in Chapel Hill Public Housing.	<input type="checkbox"/> My full address is on the application
<input type="checkbox"/> I am a visiting scholar.	<input type="checkbox"/> I attached <u>all</u> of these documents for <u>each</u> member of my household: <ul style="list-style-type: none"> <li>• Sponsor letter from your home institution/scholarship organization AND</li> <li>• Sponsor letter from the U.S. academic institution AND</li> <li>• Certificates of Eligibility for Exchange Visitor Status forms (J-1 <u>and</u> J-2)</li> </ul>
<input type="checkbox"/> I have SNAP, Medicaid, or Work First.	<input type="checkbox"/> I attached my OCDSS approval letter or Medicaid card
<input type="checkbox"/> I get Social Security Benefits.	<input type="checkbox"/> I attached my approval letter from the Social Security Administration
<input type="checkbox"/> I live in Chapel Hill Residential Services.	<input type="checkbox"/> I have an RSI staff signature Print Name: _____ Sign Name: _____
<input type="checkbox"/> I get help from the school to pay for camp.	<input type="checkbox"/> I attached a verification letter from my school social worker
<input type="checkbox"/> I prefer to submit tax documents.	<input type="checkbox"/> I attached a copy of last year's Federal Income Tax Return (Form 1040)

By signing below, I give permission to the Town of Chapel Hill, Orange County Department of Social Services, and my child's school social worker to provide the information required for this Financial Assistance Application for myself and for other members of my family under the age of 18, except as may be stated below. I understand that no additional information other than that required on this application will be released without my consent. I also permit the Town of Chapel Hill to provide to my child's school social worker information about my child's camp or program enrollment, the status of my child's account, and any other personal information needed to determine my child's eligibility. I consent to provide the information in this application to the Town of Chapel Hill for the sole purpose of completing this application. **I understand the department may grant a temporary discount until my application has been approved and if my request for a discount is denied, all temporary discounts I may have received will be removed and a full fee will be charged.** If my discount is denied, I agree to pay the full fee for all programs and passes. I certify that all the information on this application is true and correct and that all income is reported.

**I understand that if a family member is enrolled in a camp/program and cannot attend, they must cancel in writing at least 14 days in advance or our household may lose our program discount.**

**HEAD OF HOUSEHOLD SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For Office Use Only:** Date received \_\_\_\_\_ Provisional % \_\_\_\_\_ Date approved \_\_\_\_\_ Initials \_\_\_\_\_ Approved % \_\_\_\_\_  
OCDSS Verification  SNAP  Work First  Medicaid Signature \_\_\_\_\_ Date \_\_\_\_\_