



City of Saco, Maine

Parks & Recreation Department
75 Franklin St., Saco, ME 04072

Telephone: (207) 283-3139
E-mail: parksandrec@sacomaine.org

APPLICATION FOR FINANCIAL ASSISTANCE (REV 22FEB19)

Financial assistance is provided to Saco residents only. This form must be completed and returned **In Person** to the Saco Community Center accompanied by each adult's **most recent State or Federal income tax return, last pay stub and other requested information**. A new application must be completed for each program you are seeking assistance for.

_____ Name of the Adult Requesting Assistance	_____ Home Phone	_____ Work Phone	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ <i>Mailing Address If Different</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip Code</i>

A. LIST BELOW THE NAMES OF ALL CHILDREN WHO RESIDE AT THE ABOVE ADDRESS. YOU MUST PROVIDE THE SOCIAL SECURITY NUMBER AND THE DATE OF BIRTH FOR EACH CHILD.

1. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
2. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
3. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
4. _____ Child's Name	_____ Social Security Number	_____ Date of Birth

B. INDICATE BELOW WHO YOU ARE REQUESTING ASSISTANCE FOR AND PROGRAM NAME

If you are requesting assistance for Summer Camp or After School Camp please indicate number of weeks attending.

1. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
2. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
3. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
4. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program

C. FINANCIAL INFORMATION THAT MUST BE PROVIDED ON ALL ADULTS IN THE HOUSEHOLD.

You must list each adult who lives at this residence and provide the requested information. Failure to include all information for this section will result in your application being denied.

1. _____ Name of Adult	_____ Name of Employer	_____ Employer's Phone #	_____ Hourly Wage	_____ Weekly Net Pay
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2. _____
 Name of Adult Name of Employer Employer's Phone # Hourly Wage Weekly Net Pay



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INCOME DETERMINATION WORKSHEET (REV 22FEB19)

Applicant is required to fill out this work sheet completely and provide all required documentation.

GROSS INCOME	Copy of Income Tax Return Required	A.	\$
Income Adjustments (Total to be added to Gross Income to determine Adjusted Gross Income)			
1. Social Security	Documentation Required		\$
2. Alimony	Documentation Required		\$
3. Child Support	Documentation Required		\$
4. Welfare	Documentation Required		\$
5. Pension	Documentation Required		\$
6. Other	Documentation Required		\$
Total of all Income Adjustments (add lines 1-6 above)		B.	\$
ADJUSTED GROSS INCOME (add A + B)		C.	\$

Allowable Income Expenses (Total to be deducted from Gross Income to determine Net Income)				
	2 Member Family	3 Member Family	4+ Member Family	
1. Mortgage/Rent	Documentation Required			\$
	\$1,009/month	\$1,332.00/month	\$1,647.50/month	
2. Groceries	Documentation Required			\$
	\$353.00/month	\$505.00/month	\$642.00/month	
3. Electricity	Documentation Required			\$
	\$67.50/month	\$75.00/month	\$86.00/month	
4. Vehicle Payments	Documentation Required (Monthly Maximum of \$200.00)			\$
5. Home/Vehicle Insurance	Documentation Required (Monthly Maximum of \$100.00)			\$
6. Home Heating	Documentation Required (Monthly Maximum of \$150.00)			\$
Total of Allowable Income Expenses (add lines 1-7 above)				D. \$
NET INCOME (subtract C-D) (Amount to be used for Fee Waiver Determination)				E. \$

I certify that all of the information provided is true and that I am responsible to notify Saco Parks & Recreation of any change of family or financial status immediately should they occur. I understand that this completed form will be used solely for the purpose of determining financial assistance. I authorize a representative from the Saco Parks & Recreation Department to contact city/state welfare and other officials to determine the accuracy of my financial situation. I understand that failure to provide true and accurate information or the falsification of documents will disqualify me from the Fee Waiver Program.

 Signature of Adult Requesting Assistance

 Date

RETURN THIS COMPLETED APPLICATION WITH YOUR MOST RECENT STATE OR FEDERAL INCOME TAX RETURN, AND OTHER REQUIRED DOCUMENTATION



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FINANCIAL ASSISTANCE APPLICATION POLICY

(Adopted by City Council March 2012)

Program Registration Forms WILL NOT BE accepted with Financial Assistance Applications

1. In accordance with City Council Policy §53; approved February 21, 2012, the following procedure will be followed in the disbursement of Fee Waivers for our programs.
2. The Parent/Legal Guardian applying for financial assistance must be a Saco resident.
3. The total amount of Fee Waivers the Department is authorized to award cannot exceed 6% of the Parks & Recreation Department's budgeted revenues for the fiscal year.
 - a. Half of this amount shall be reserved for programs running during the school year with the other half being reserved for programs running in the summer.
 - b. Fee Waiver awards will be given out based on highest qualifying need first.
 - i. Awards will first be given out to applicants applying for an entire program length (i.e. all weeks of Summer Camp) starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications are received, as funds allow.
 - ii. Awards will next be given to applicants applying for partial program lengths starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications are received, if funds allow.
 - c. If an applicant was previously awarded a fee waiver award and did not use at least 50% of that award, they are not eligible for the next fee waiver application period.
4. Contractual Programs or Programs with fees less than \$55.00 are not eligible for the Fee Waiver Program.
5. In order to be considered for a fee waiver or scholarship the Saco Parks & Recreation Financial Assistance Application must be filled out completely and have all **mandatory financial information** provided; along with copies of any back up documentation, which must be attached to the application.
6. Failure to complete the Financial Assistance Application completely and provide copies of all necessary documentation will result in a reduced fee waiver entitlement or disqualification from the process.
7. Back up documentation includes, but is not limited to;
 - a. Copy of both parent's (in the household) State or Federal income tax return (**MANDATORY**)
 - b. Copy of both parent's (in the household) last pay stub (**MANDATORY**)
 - c. Copies of any bills being declared are optional but are needed for substantiation, such as;
 - i. Mortgage or Rent Statement
 - ii. Electrical Bill
 - iii. Home Heating Oil or Propane Bill
 - iv. Home & Auto Insurance Statement
 - v. Automobile Payment Statement
 - vi. Telephone Bill
8. Your application will be processed within 7 business days from the date it is received.
9. A **Letter of Determination** will be issued from the Parks and Recreation Director based on the forms' completion and attached documentation. This Letter of Determination will be mailed to the applicant requesting the financial assistance. If awarded a fee waiver a Fee Waiver Payment Plan Breakdown will be included with the letter.
10. The **Fee Waiver Payment Plan Breakdown** form created by the department will show the payment schedule and amounts due. Please review and sign this form.
11. **To complete the registration process** you must return the **Fee Waiver Payment Plan Breakdown** form to the Parks and Recreation Department; **in person**, with the first payment **along with** the appropriate Program Registration forms for the participant(s).
12. Your child **will not be included in the program** until the registration procedure has been completed.
13. Failure to keep current with the agreed upon **Fee Waiver Payment Plan Breakdown** will result in the removal of the participant(s) from the program until the payment plan has been brought up to date.
14. Changes and/or updates to this policy may be made at any time and without notice by the City of Saco.



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SLIDING SCALE FOR FINANCIAL ASSISTANCE ENTITLEMENTS (REV 22FEB19)

	2 Member Family	3 Member Family	4 Member Family	5 Member Family	6+ Member Family	% Waiver
Yearly Income	\$16,910.00	\$21,330.00	\$25,750.00	\$30,170.00	\$34,590.00	25%
	\$13,759.00	\$17,253.00	\$21,797.00	\$24,175.00	\$26,835.00	50%
	\$10,608.00	\$13,176.00	\$17,844.00	\$18,180.00	\$19,080.00	75%

*Figures are derivatives of 100% of Poverty for twelve months, as promulgated by the US Dept. of Health & Human Services (DHHS) and based on HUD Median Income and State of Maine Maximums for Financial Assistance as published by the Maine State Housing Authority.