

City of Bloomington Parks and Recreation  
 P.O. Box 848, 401 N. Morton St., Bloomington, IN 47402  
 (812)349-3700

## FEE WAIVER APPLICATION

Any **CITY RESIDENT**, individual, or family, who feels that a fee for a Bloomington Parks and Recreation admission would be discriminatory due to financial hardship, may request a waiver of fees. Federal Office of Management and Budget's guidelines of 150% poverty level will be used for determining eligibility.

**Head of Household's Last Name:** \_\_\_\_\_ **Number in Household:** \_\_\_\_\_

**Employed**    **Yes** \_\_\_\_ **No** \_\_\_\_    **Name of Employer** \_\_\_\_\_

**FEE WAIVER APPLICATION REQUIREMENTS**

**A \$5 application fee must accompany your application. Applications which do not have the \$5 fee attached will not be considered.**

**Proof of income is required for each adult income earner in your household:**  
 Your most recent income tax return (2015) **OR** your last four (4) payroll stubs

**Current statements for:**  
 Food stamps, child support, TANF, Social Security, Supplemental Security Income, and other assistance programs that show your current benefit amount.

**Notarized Citizen / Qualified Alien Status Affidavit is required.**  
 All applicants must submit a notarized copy of the attached affidavit that states they are eligible for public benefits under the state immigration law.

**Proof of City Residency is required.**  
 All applicants must show proof of living within the corporate city limits, which is any of the following:  
     A current utility bill (water, electricity, cable, internet, etc.)  
     Your current housing lease or mortgage statement.  
     A letter from a residential community, such as the Bloomington Housing Authority.

- Requests for waivers will be approved or denied by the appropriate staff.
- The Bloomington Parks and Recreation Department reserves the right to revoke fee waivers for misuse. Only those names which appear on the waiver may use the waiver.
- Applicants will be notified in writing whether the application has been approved or denied.
- Any applicant denied a waiver of fees has the right to appeal to the Bloomington Board of Park Commissioners, who reserves the right to reject or authorize the waiver.

List on next page the first and last names and ages of your **IMMEDIATE\*** family members you wish to include on your waiver.

*\*IMMEDIATE* family members include only mother, father, or legal guardian, and their children who are 17 and under, residing in the same household

***The information provided is true and complete to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification.***

\_\_\_\_\_  
 Applicant's Name (Print)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Zip

\_\_\_\_\_/\_\_\_\_\_/2016  
 Date



**CITY OF BLOOMINGTON**  
 parks and recreation

## Season Pool Waiver Application

*\*A family includes parents (maximum of 2) and their dependent children who are age 17 years and under, residing in the same household.*

**ALL FEE WAIVER APPLICANTS MUST COMPLETE THE FOLLOWING:**

|         | Last Name | First Name | Date of Birth  | Age | Relationship to Primary Contact |
|---------|-----------|------------|----------------|-----|---------------------------------|
| Adult 1 |           |            | ____/____/____ |     |                                 |
| Adult 2 |           |            | ____/____/____ |     |                                 |
| Youth 1 |           |            | ____/____/____ |     |                                 |
| Youth 2 |           |            | ____/____/____ |     |                                 |
| Youth 3 |           |            | ____/____/____ |     |                                 |
| Youth 4 |           |            | ____/____/____ |     |                                 |
| Youth 5 |           |            | ____/____/____ |     |                                 |
| Youth 6 |           |            | ____/____/____ |     |                                 |
| Youth 7 |           |            | ____/____/____ |     |                                 |
| Youth 8 |           |            | ____/____/____ |     |                                 |

**OFFICE USE ONLY:** Reviewer's Initials \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/2016 Date mailed \_\_\_\_/\_\_\_\_/2016

**\*\*\*\*\* *The attached affidavit must be completed in front of a Notary Public***

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MONROE )

**AFFIDAVIT**

The undersigned, being duly sworn, hereby affirms under penalty of perjury that:

The undersigned, \_\_\_\_\_ (name), who submits a Fee Waiver application on \_\_\_\_\_ (date)

- 1. is eighteen (18) years old; and,
- 2. is a U.S. citizen or 'qualified alien' as defined by 8 U.S.C.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

STATE OF INDIANA )  
 ) SS:  
COUNTY OF MONROE )

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ and acknowledged the execution of the foregoing this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed name

Residing in \_\_\_\_\_ County

My Commission Expires: \_\_\_\_\_