

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 _____ Name of Employer _____

No _____ If "no" a Release of Information form must be completed for employment verification with Indiana Workforce.

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 (immediate family member) in your household:** Your most recent income tax return (2020) **OR** most current month's pay stubs
- Current statements for:**
Child support, 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.
 - Verification from a residential community, such as the Bloomington Housing Authority, showing proof of current city residency.

- 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

____/____/2021
 Date



CITY OF BLOOMINGTON
 Parks and Recreation

Season Pool Waiver Application

**Immediate family members include only mother, father, or legal guardian, and their children who are 17 years of age 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 ____/____/2021 Date mailed ____/____/2021

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

AFFIDAVIT

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

The undersigned, _____, who submits a Fee

Waiver application on this ____ day of _____, 20__.

- 1. is a U.S. Citizen or "Qualified Alien" as defined by 8 U.S. Code § 1641
 - a. "Qualified Alien" means an alien who, at the time the alien applies for, receives, or attempts to receive a Federal public benefit is:
 - i. an alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act [8 U.S.C. 1101 et seq.],
 - ii. an alien who is granted asylum under section 208 of such Act [8 U.S.C. 1158],
 - iii. a refugee who is admitted to the United States under section 207 of such Act [8 U.S.C. 1157],
 - iv. an alien who is paroled into the United States under section 212(d)(5) of such Act [8 U.S.C. 1182(d)(5)] for a period of at least 1 year,
 - v. an alien whose deportation is being withheld under section 243(h) of such Act [8 U.S.C. 1253] (as in effect immediately before the effective date of section 307 of division C of Public Law 104-208) or section 241(b)(3) of such Act [8 U.S.C. 1231(b)(3)] (as amended by section 305(a) of division C of Public Law 104-208),
 - vi. an alien who is granted conditional entry pursuant to section 203(a)(7) of such Act [8 U.S.C. 1153(a)(7)] as in effect prior to April 1, 1980; [1] or
 - vii. an alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
 - viii. Certain battered aliens or battered children of aliens as described in 8 U.S.C. § 1641(c).
- 2. is eighteen (18) years old;
- 3. Has a financial hardship (Pursuant to Federal Office of Management and Budget's guidelines of 150% poverty level); and
- 4. is a City resident, with the home address of _____

Printed name _____ Signature _____

STATE OF INDIANA)
) SS:
COUNTY OF MONROE)

Before me, a Notary Public in and for the said County and State, personally appeared _____ and acknowledged the execution of the foregoing on this ____ day of _____, 20__.

Notary Public

Residing in _____ County
Commission # _____

Printed Name

My Commission Expires on: _____

Note: This instrument is required pursuant to Indiana Code 12-32-1-6.