

FEE WAIVER FORM

Participant fees are charged so that we are able to keep the programs available to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver form are required to submit verification of income and proof of residency as proof of qualification. (Not all Park and Recreation programs are eligible for low-income fee waivers.)

Check here if you cannot afford the program fee but are able to contribute a small amount to the scholarship fund so that more children can participate in the programs. \$ _____ (amount of donation).

Cash Check (please make your check payable to): San Diego Friends of Parks and Recreation Foundation, or _____ Recreation Council.

Please waive the fees for _____
(Program/Activity)

Total fee: \$ _____

NAME OF PARTICIPANT: _____ AGE: _____

ADDRESS: _____ PHONE: () _____

CLASS/ACTIVITY LOCATION: _____ DATE: ___/___/___ TIME: _____

QUARTER: (Circle one) FALL WINTER SPRING SUMMER YEAR: _____

| Check to indicate how you qualify | FAMILY SIZE | Annual Gross Income not more than | Check to indicate how you qualify | FAMILY SIZE | Annual Gross Income not more than |
|-----------------------------------|-------------|-----------------------------------|-----------------------------------|-------------|-----------------------------------|
| <input type="checkbox"/> | 1 | \$17,239 | <input type="checkbox"/> | 4 | \$47,861 |
| <input type="checkbox"/> | 2 | \$28,240 | <input type="checkbox"/> | 5 | \$56,481 |
| <input type="checkbox"/> | 3 | \$38,774 | <input type="checkbox"/> | 6 | \$66,057 |

For larger families, add \$9,576 per additional member. Please submit either your current Internal Revenue Service (IRS) tax return,* current Social Security – Award/Benefit Letter, or current Social Security Proof of Income Letter for verification of income.

I hereby certify that my family's income falls under the category checked, and I reside in the City of San Diego.

HEAD OF HOUSEHOLD (Print Name and Sign) DATE: ___/___/___

FOR OFFICIAL USE ONLY – SOLO PARA USO OFICIAL

Proof of Residency: Valid California Driver's License/Identification Card displaying City of San Diego address and one of the following: current utility bill, current monthly checking statement, rental/lease agreement and current month rent receipt, property tax statement, active duty military identification card, retired military identification card.

APPROVED BY DATE: ___/___/___

* Since IRS tax returns contain personal identifying information, copies of the verifying documents should not be retained and should be disposed of properly to prevent loss.

Revised July 2017

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| Current IRS Tax Return verified on: DATE: ___/___/___ _____ Approved by |
|---|

SOLICITUD DE EXENCION DE CUOTAS

Las cuotas cargadas nos permiten proporcionar programas al público. Las exenciones de cuotas se ofrecen solamente a personas que no pueden participar en algún programa por razones económicas. Para calificar se requiere verificación de ingresos y prueba de residencia para cada persona que someta una solicitud de exención de cuotas. (No todos los programas del Departamento de Parque y Recreo del Municipio de San Diego son elegibles para exenciones de cuotas.)

Marque aquí si no puede pagar las cuotas del programa, pero si puede ayudar con una pequeña contribución al fondo de becas, para que más niños puedan participar. Favor de indicar la cantidad de su donación: \$ _____ Efectivo Cheque (favor de escribir su cheque a nombre de):
 San Diego Friends of Parks and Recreation Foundation o _____ Recreation Council.

Favor de dar una exención de cuota para: _____
(Programa/Actividad)

Cantidad de cuota total: \$ _____

NOMBRE DEL PARTICIPANTE: _____ EDAD: _____

DOMICILIO: _____ TELÉFONO: () _____

LUGAR DE CLASE/ACTIVIDAD: _____ FECHA: ___/___/___ HORA: _____
Mes/Día/Año

TRIMESTRE (Marque uno): OTOÑO INVIERNO PRIMAVERA VERANO AÑO: _____

| Marque para indicar cómo califica | Tamaño de Familia | Ingreso Bruto Anual No Más De | Marque para indicar cómo califica | Tamaño de Familia | Ingreso Bruto Anual No Más De |
|-----------------------------------|-------------------|-------------------------------|-----------------------------------|-------------------|-------------------------------|
| <input type="checkbox"/> | 1 | \$17,239 | <input type="checkbox"/> | 4 | \$47,861 |
| <input type="checkbox"/> | 2 | \$28,240 | <input type="checkbox"/> | 5 | \$56,481 |
| <input type="checkbox"/> | 3 | \$38,774 | <input type="checkbox"/> | 6 | \$66,057 |

Para familias más grandes, aumente \$9,576 por cada miembro adicional. Favor de someter su declaración de impuestos del Internal Revenue Service (IRS) actual, o Social Security - Award/Benefit Letter actual, o Social Security Proof of Income Letter actual.

Yo certifico que los ingresos de mi familia corresponden a la categoría indicada y que somos residentes del Municipio de San Diego.

_____ FECHA: ___/___/___
CABEZA DE FAMILIA (escriba su nombre en letra de molde y firme) Mes / Día / Año

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_____ DATE: ___/___/___
APPROVED BY

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