

City of Vacaville
Parks and Recreation Department
(707) 449-5652 • FAX (707) 449-5618

REDUCED FEE PROGRAM APPLICATION PACKET (Revised 1/2020)

The City of Vacaville offers a Reduced Fee Program for *Vacaville residents* with incomes below 75% of the local median income level. The Reduced Fee Program allows eligible Vacaville families to pay reduced fees for most recreational programs offered by the Parks and Recreation Department to participants **16 years of age or younger**.

Families with incomes 75% and below of the local median income will have to go through the application process, and if approved, will pay 75% of the program fee. (reference chart on next page.) If approved, the percentage of discount that you would receive is a 25% discount. **The Reduced Fee card will only be honored if funding is available.** If you have any questions regarding eligible programs, please contact the City of Vacaville Parks and Recreation Department at 449-5652.

TO APPLY for the City of Vacaville's Reduced Fee Program, you must **thoroughly complete** and **return** the following items to one of the registration facilities: McBride Senior Center located at 91 Town Square Place, or Three Oaks Community Center located at 1100 Alamo Drive or Ulatis Community Center located at 1000 Ulatis Drive. The applications will be forwarded for review and consideration to the **Administration Office at Buck/Eldridge Ave. in the Social Services Complex located at 40 Eldridge Ave, Suite 11, Vacaville, California, 95688:**

PLEASE RETURN THE FOLLOWING ITEMS:

1. **Application for Reduced Fee (attached)**
Minors for whom you are applying must reside with you in the city of Vacaville, and you must supply guardianship documentation for any minors who are not your own children.
2. **Release Forms (attached)**
Release form(s) must be signed by all adults age 18 and over in the household. Additional releases are available at the Parks and Recreation Department Office (40 Eldridge Ave, Suite 11) as needed.
3. **Birth Certificates** – Please provide a copy of birth certificates for all members of the household.
4. **Social Security Card** – Please provide a copy of social security cards for all members of the household.
5. **Income verification (proof of income) for all sources of income received within the household to include current within the past 60 days.** Provide copies of **previous year Tax Return** or statement from the State of California that you did not file taxes, two month's pay stubs for all household members including children.
 - a. Previous year Tax Return plus **current** pay stubs covering two months or 60 days
 - b. Previous year Tax Return plus unemployment benefits, or
 - c. Disability benefits, or
 - d. Welfare statement, or
 - e. Social security statement, or
 - f. Child support
6. **Proof of Residency – Rental Agreement plus current utility bill (current within the past 30 days) showing Vacaville address of applicant** (i.e.: PG&E bill, Cable bill, Garbage bill, Water bill, or Telephone bill (not cell phone).

PLEASE NOTE: You will not be eligible to pay a reduced fee until you have been approved for the program. **You must allow 2-3 weeks (from the date the Parks and Recreation Department receives your application) for your application to be processed for eligibility.** However, if all information is complete when received, this may shorten the processing time.

If eligibility is established, a Reduced Fee Program Card will be mailed to you. If you would like to pick it up, please note this on the top of the application along with your contact information. The card will expire 1 year after the approval date. The card must be presented with a picture I.D. at the time of future registrations.

If eligibility is denied, you will be notified by mail with a letter of explanation stating the reason(s) for ineligibility.

The income eligibility guidelines are as follows: (Income is gross income--deductions, expenses, etc., are not considered.):

Family Size:	2 - \$50,250	3 - \$56,550	4 - \$62,775	5 - \$67,880
	6 - \$72,825	7 - \$77,850	8 - \$82,875	

City of Vacaville

APPLICATION FOR REDUCED FEES

The City of Vacaville offers reduced fees to applicants based on family income. To apply for reduced fees, complete, sign and return this application and documentation of income to the Parks and Recreation Department located at 40 Eldridge Ave, Ste 11, Vacaville, CA 95688. If you need help with this form, please call (707) 449-5652.

Parent's/Guardian's Name(s):

1. _____
2. _____

Address: _____ **ZIP** _____

Contact Phone # _____

Please complete all of the Section(s) below, which apply to your household.

A. HOUSEHOLD COMPOSITION

Complete the information below for **ALL** persons living in the household. Also, **include** Parent's/Guardian's Name(s) from above.

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX F or M	RELATIONSHIP

****STATISTICAL INFORMATION ONLY****

Race/Ethnicity of Head of Household (Please check only one):

- African American American Indian/Alaskan Native Asian or Pacific Islander
 Hispanic White Other _____

Head of Household? Yes No

B. INCOME AND SOURCE OF INCOME

Person Receiving Income: _____

Income Source/Employer: _____

Address: _____ **City, State** _____

Occupation: _____ Employed since: _____

Salary: Base pay/hour \$ _____ Week \$ _____ or Month \$ _____

Average hours worked per week: _____

Other compensation (commission, bonuses, tips, etc.) Type: _____

\$ _____ per _____

Person Receiving Income: _____

Income Source/Employer: _____

Address: _____ **City, State** _____

Occupation: _____ Employed since: _____

Salary: Base pay/hour \$ _____ Week \$ _____ or Month \$ _____

Average hours worked per week: _____

Other compensation (commission, bonuses, tips, etc.) Type: _____

\$ _____ per _____

Person Receiving Income: _____

Income Source/Employer: _____

Address: _____ **City, State** _____

Occupation: _____ Employed since: _____

Salary: Base pay/hour \$ _____ Week \$ _____ or Month \$ _____

Average hours worked per week: _____

Other compensation (commission, bonuses, tips, etc.) Type: _____

\$ _____ per _____

C. BENEFIT INCOME

Check source and enter monthly amount received.

- a. Social Security \$ _____
- b. Supplemental Social Security \$ _____
- c. Disability Income \$ _____
- d. Retirement/Pension Income \$ _____
- e. Welfare Benefits - TANF \$ _____
- f. Unemployment Insurance \$ _____
- g. Veteran's Benefits \$ _____
- h. Alimony \$ _____
- i. Child Support \$ _____
- j. Foster child Support \$ _____

Do you currently have a Reduced Fee card or have you applied for reduced fees with the City of Vacaville within the past year? Yes No

I agree to notify the Parks and Recreation Department located at 40 Eldridge Ave, Ste 11, (2-story building) Vacaville, CA 95688, 707-449-5652, if my family size or income changes to the extent that my family is no longer eligible for this program.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Name (Please Print)

Address (Please Print)

Zip



ESTABLISHED 1850

City of Vacaville
Community Services Department
40 Eldridge Ave., Ste 11, Vacaville, CA 95688
(707) 449-5652 • FAX (707) 449-5618

Authorization to Release Information

The undersigned authorizes the City of Vacaville to verify all employment and income information (including information of a confidential or privileged nature) with any source, for the purposes of processing the Reduced Fee Application.

By ATTACHING this RELEASE FORM, OR A COPY OF THE SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Vacaville.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

Signature of Applicant(s)

Date

Signature of Applicant(s)

Date

Signature of Applicant(s)

Date

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Date