



Application for Individual Fee Assistance

(Only residents of Prince George's County are eligible)

Section 1: Personal Information (All fields are required)

Applicant Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Attach copy of your residency verification document—visit www.pgparcs.com

Primary Phone #: _____ Secondary Phone #: _____

Household #: _____ Email Address: _____

Marital Status: Single Married

The following section is to be completed using the IRS Return Transcript. Please attach IRS Return Transcript to application.

Tax Year: _____ Adjusted Gross Income: _____ Check if applicant is considered a

Spouse Name: _____ N/A Number of Family Members dependent on another IRS Return for
Listed on Transcript: _____ tax year

Additional Family Members Listed on Transcript:

Name:	Date of Birth:	Relationship to Applicant:
1.		
2.		
3.		
4.		
5.		
6.		

All family members listed must be clients on the applicant's PARKS DIRECT account whose ages/identities have been verified with required documentation.

Section 2: Family Size

Does your Tax Return Transcript include all persons for whom you are seeking aid?

Yes. Proceed to Section 3. No. Please attach form #2 to this application and proceed to Section 3.

Section 3: Income

Does your Tax Transcript accurately reflect your family's financial status for the calendar year?

Yes. Proceed to Section 4. No. Please attach form #3 to this application and proceed to Section 4.

Section 4: Certification

I certify that all of the above information is true and correct. I understand that Commission officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws. I understand that I am responsible for all remaining charges that my award may not cover and will be withdrawn from any program registrations without notice if I fail to pay my full balance after the deadline. I recognize that if I move out of the county during my year of eligibility it is my responsibility to inform M-NCPPC staff and that I will no longer be eligible for fee reduction.

Applicant Signature

Date

For Office Use Only

Document the submission of this application and fill in the "Receipt of Pending Fee Assistance Application" section for the client to keep as record of submission.

Date received by staff: _____ Facility: _____ Staff Member: _____

Facility Director

Attachments Included?

Proof of ID and residency for applicant: Yes No – N/A No – Incomplete
Transcript or Verification of Non-Filing: Yes No – N/A No – Incomplete
Form 2: Family Size Document: Yes No – N/A No – Incomplete
Form 3: Income Document: Yes No – N/A No – Incomplete

Adjusted Gross Income: \$ _____ Family Size: _____ Tax Year: _____

Approve _____ % Disapprove

Approved for:

Client Name
1.
2.
3.
4.

Client Name
5.
6.
7.
8.

Facility Director Name

Facility Director Signature

Date

Regional Manager/Equivalent

Adjusted Gross Income: \$ _____ Family Size: _____ Notes if different from above:
 Approve _____ % _____
 Disapprove _____

Regional Manager Name

Regional Manager Signature

Date

Division Office

Adjusted Gross Income: \$ _____ Family Size: _____
 Approve _____ % Approval Date: _____ Expiration Date: _____
 Disapprove

Division Chief Signature

Date

Facility Director

Fee Assistance membership sold? Yes No
Adjustment applied to applicable registrations? Yes No – N/A

Client Contact?

<input type="checkbox"/> Email sent on ____/____/____
<input type="checkbox"/> Letter mailed on ____/____/____



Fee Assistance Supplement: Form 2 Change in Family Size

This form is to be attached to Fee Assistance applications if the IRS Tax Return Transcript does NOT include all persons for whom an individual is seeking financial aid.

Section 1: Family Size Increase

Complete the following section to document additional family members. All family members listed must be clients on the applicant's PARKS DIRECT account whose ages/identities have been verified with required documentation.

Additional Adult (18 and older) Family Members NOT Listed on IRS Tax Return Transcript:
Applicant must include/attach documentation of relationship and income to Fee Assistance Application.

Name:	Date of Birth:	Relation to Applicant:	Documentation of Relationship (See Reverse):	Documentation of Income (See Reverse):
1.				
2.				

Additional Minor (under 18) Family Members NOT Listed on IRS Tax Return Transcript:
Applicant must include/attach documentation of relationship to Fee Assistance Application.

Name:	Date of Birth:	Relation to Applicant:	Documentation of Relationship (See Reverse):
1.			
2.			
3.			

Section 2: Family Size Decrease

Complete the following section to document a decrease in family size. Please note: All clients referenced below will be removed from applicant's PARKS DIRECT account. **Applicant must include/attach documentation of relationship change to Fee Assistance Application.**

Ineligible Adults (18 and older):

Name:	Date of Birth:	Relation to Applicant:	Documentation of Change in Relationship (See Reverse):
1.			
2.			

Ineligible Minors (under 18):

Name:	Date of Birth:	Relation to Applicant:	Documentation of Change in Relationship (See Reverse):
1.			
2.			
3.			



Fee Assistance Supplement: Form 3 Change in Income

This form is to be attached to Fee Assistance applications if the IRS Tax Return Transcript does NOT accurately reflect an applicant's financial status for the given calendar year.

Income Decrease

Fill out information below to document all income decreases.

Name:	Date of Birth:	Reason for Income Change	Documentation of Change in Relationship/Income* (See Reverse):
1.		<input type="checkbox"/> Loss of Employment <input type="checkbox"/> Decrease in Family Size	
2.		<input type="checkbox"/> Loss of Employment <input type="checkbox"/> Decrease in Family Size	

**Your income will not be recalculated based on a salary decrease for any existing family member where documented unemployment benefits are not provided.*



Fee Assistance Program Information

The M-NCPPC Department of Parks and Recreation recognizes the fact that some residents of Prince George's County, Maryland, require financial assistance in order to avail themselves of certain recreation activities that are offered by the Department. M-NCPPC's fee assistance program is designed to assist individuals and families accessing our programs by providing an opportunity to apply for a lesser fee than the published amounts.

The term "fee" refers to an established individual user fee. This includes camps, courses, memberships, aftercare, pre-school, etc. where the total fee exceeds \$35. Fee assistance is not available for groups or teams, or for non-Prince George's County residents. Fee assistance is applied per person, per activity.

An individual or family may qualify for a 90%, 70%, 50%, or 20% reduction in the fee for designated programs. Qualification for a particular reduction is based on family size and income as reported to the IRS. An adult, age 18 or over, must list his/her own income, unless they are considered a dependent as defined by the IRS. On the application, please list all dependent family members as defined by the Internal Revenue Service (IRS) residing in the house and their relationship to the applicant.

Please complete and return the attached application and all necessary documentation (including verification of income) to the M-NCPPC community center or staffed facility located nearest to you. Full completion of the application and verification of income are required before fee assistance applications will be processed. It is the client's responsibility to supply all requested documentation. Incomplete applications will not be processed.

Program registration is not required in order to submit an application; however, after the facility manager has verified that the application is complete, applicants may provide a 10% deposit (of the entire program fee) to secure space in any desired program(s) while his/her information is being reviewed. If you would like to register for a particular program, the completed application must be received 3 weeks before the program's start date in order to be eligible for a reduction.

Once fee reduction is approved or denied based on eligibility (process takes three (3) weeks), the registrant will be notified of the final payment amount (if applicable) and given a payment deadline within ten (10) working days. The registrant then has ten (10) working days to pay the remaining balance before registration(s) are withdrawn.

All decisions are final. Approval is valid for one year from the approval date and no appeals will be considered.

Fee assistance may be used for all registrations except:

- Sports team registrations and user fees
- Point of sale admissions (for performances, drop-in programs, etc.)
- Trips and excursions
- Amusement park tickets
- Programs sponsored by Recreation Councils or Boys & Girls Clubs
- Summer Playgrounds and Xtreme Teen Centers
- Fees for materials, supplies, and equipment for courses, programs, and workshops
- Programs where the total fee does not exceed \$35
- Employee child care programs
- Facility and equipment rentals (including community center meeting rooms, birthday parties, studio space, tennis/racquetball courts, park structures, etc.)

Receipt of Pending Fee Assistance Application

The following section will be filled out by facility staff to document the receipt of your Fee Assistance application. Keep this page for your records:

Date received by staff: _____ Facility: _____ Staff Member: _____

Facility Director: _____ Phone #: _____ Email Address: _____

If your application is complete according to the facility director's review, you will receive a follow-up to let you know whether your application has been approved in the next 3 weeks. If your application is incomplete, you will receive notice and must provide additional documentation before the application will be reviewed. You must pay in full for all registrations until your application is in a pending status.

If you have any questions, please contact your local facility for assistance, visit www.pgpc.com, or call 301-699-CALL (2255).

Fee Assistance Additional Documentation Reference Guide Family Size Change

Refer to the following guides for any additional documentation needed to support claims on the reverse side of this page. Provide documentation names in tables on reverse side and include documentation with Fee Assistance application to prove claim.

Family Size Increase

Who	Reason	Documentation Required
Additional Adult	Dependent (or qualifying relative)	Maryland court-issued custody agreement (with at least one of the adults on the transcript listed as legal guardian) or other state's equivalent, AND IRS Return Transcript (proof of income)
	Spouse	Certified copy of marriage certificate, AND IRS Return Transcript (proof of income)
Additional Child	Adopted child	Birth certificate or court-issued certificate of adoption with at least 1 of the adults on the transcript listed as adopting parent.
	Foster child/temporary guardianship/custody change	Maryland court-issued custody agreement (with at least one of the adults on the transcript listed as legal guardian) or other state's equivalent.
	New biological child	Birth certificate date after the end of tax year (with at least one of the adults listed on the transcript as birth parent).

Family Size Decrease

Who	Reason	Documentation Required
Ineligible Adult	Death	No documentation required.
	Dissolution of marriage	Maryland court-issued order for separation/divorce/annulment or verification of divorce from Maryland Division of Vital Records (or other state's equivalent).
	Change in qualifying relative status	No documentation required.
Additional Child	Death	No documentation required.
	Loss of Custody	No documentation required.



Fee Assistance Additional Documentation Reference Guide Income Change

Refer to the following guides for any additional documentation needed to support claims on the reverse side of this page. Provide documentation names in tables on reverse side and include documentation with Fee Assistance application to prove claim.

Income Decrease

Reason	Documentation Required
Change in salary (demotion, new job, etc.)	No documentation required. Not acceptable reason for income calculation adjustment.
Loss of employment	Unemployment notice from Maryland Department of Labor, Licensing, and Regulation (or other state's equivalent) dated within the last 30 days.
Decrease in family size <ul style="list-style-type: none"> • Dissolution of marriage • Incarceration • Death 	Maryland court-issued order for separation/divorce/annulment or verification of divorce from Maryland Division of Vital Records (or other state's equivalent) Incarceration Verification Form from detention center. No documentation required.