



2025-2027 RECREATION FEE ASSISTANCE GUIDELINES

- The Recreation Fee Assistance Program is limited to **City of San Mateo residents only.**
- Fee assistance is issued for class registration fees only and not for supplies, extra fees or admission costs for field trips or excursions. *Not all classes are eligible for fee assistance.*
- Adults are eligible for fee assistance up to 30%.
- Youth 17 years old and under are eligible for fee assistance up to 60%.
- The household main contact person must complete the application and the entire household must verify economic need through proof of income documents.

STEPS FOR COMPLETING AN APPLICATION:

1. Complete the application in its entirety, including the signature.
2. Attach copies of your household's approved proof of income documents to your application.
 - a. Please omit personal identifying information including your Social Security number.
 - b. Fee assistance approval may take up to **10 business days** and applications must be submitted at least **10 business days** before course start date.

The following documents must be dated **within a year of the application date**, in order to be accepted as proof of income.

- ✓ **MEDICAL** - Notice of Action letter from the County of San Mateo for Medi-Cal or Medi-Cal card with valid issue or expiration date
- ✓ **WIC (Women, Infants & Children)** - verification with date or WIC App Snapshot of Home screen **plus** appointment or Food Balance screen
- ✓ **CALWORKS** - Eligibility letter from the County of San Mateo for CalWorks
- ✓ Eligibility letter from the County of San Mateo for General Assistance
- ✓ **1095B** Tax Document - Proof of Minimum Essential Coverage (MEC) when filing your state and/or federal taxes.
- ✓ **ACE** - San Mateo County ACE (Access & Care for Everyone) card
- ✓ **Social Security Administration Benefits Statement** (*Only for Senior Citizen's 65 years or older*)
- ✓ **PAY STUBS** - Three recent, consecutive pay stubs for **ALL** working household members

****Do not send Tax Return Documents (1040) as they are no longer acceptable proof of income****

3. Return the application and supporting documents through DocuSign, to one of the City's Recreation Centers or by mail to City Hall (330 W 20th Ave., San Mateo, CA 94403)
4. Inquiries about your fee assistance application or registration forms should be submitted to the Center where you submitted your forms or to parksandrecreation@cityofsantamateo.org.

Submittal of an application is not confirmation of fee assistance or course registration.

You will be notified by email, phone, or mail should there be additional information required to process your request.

2025-2027 APPLICATION FOR RECREATION FEE ASSISTANCE PROGRAM

First Name*

Last Name *

Date of Birth*

Phone*

Home Address*

City*

Zip*

E-mail Address

Number of Family Members in Household*:

GROSS Household ANNUAL Income*:

*(Income BEFORE taxes for **ALL** working family members)*

Attach a copy of one of the following documents. Documents MUST be dated within a year of the date applying.

Document Type	
<i>Documents must be current or dated within a year of the date applying and have verifiable Household information</i>	
	Notice of Action letter from San Mateo County for Medi-Cal or Medi-Cal card WITH valid issue/expiration date
	WIC verification with date or WIC App Snapshot of Home screen plus appointment or Food Balance screen
	Eligibility letter from the County of San Mateo for CalWorks
	Eligibility letter from the County of San Mateo for General Assistance
	1095B Tax Document
	San Mateo County ACE (Access & Care for Everyone) card
	Social Security Administration Benefits Statement (for Senior Citizen's only)
	Three consecutive pay stubs for all working household members (<i>Must be sent to Admin Office for approval</i>)

Your signature verifies the information provided is accurate and true.

Signature of Household Main Contact/Applicant*

Date*

OFFICE USE ONLY	Approved:	Staff Comments/Notes:
Date Received: ____/____/____ by _____ Center _____	Yes: _____	Household #: _____
Date Processed: ____/____/____ Staff Initials _____	No: _____	Approved Term: _____