



CITY OF SAN MATEO
Parks and Recreation Department

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**CITY OF SAN MATEO
PARKS & RECREATION DEPARTMENT**

2020 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 only eligible for fee assistance up to 30%. Youth 17 and under are eligible for fee assistance up to 60%.
- The household main contact must complete the enrollment application and the entire household must verify economic need through proof of income documents.

How to complete an application

1. Complete the form on the back page in its entirety, including the signature.
2. Attach copies of your household's proof of income documents to your application.

The following documents must be dated within a year of the date applying to the scholarship, and they will be accepted as proof of income.

- ✓ 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) Voucher
- ✓ Eligibility letter from the County of San Mateo for CalWorks
- ✓ Eligibility letter from the County of San Mateo for General Assistance
- ✓ 1095B Tax Document

The following additional documents will be accepted as proof of income, but fee assistance approval could take up to 5 business days and applications must be submitted at least 5 business days before course start date:

- ✓ Three recent, consecutive pay stubs for all working household members
3. Return the application to one of the City's Recreation Centers or City Hall.
 4. Submittal of an application is not confirmation of fee assistance or course registration. You will be notified by phone or mail should there be additional information required to process your request. Any course registration confirmations will be sent to you.
 5. Inquiries about your fee assistance application or registration forms should be submitted to the Center where you submitted the forms.
 6. Approved enrollment is typically valid until December 31.

**City of San Mateo
Parks & Recreation Department**

2020 ENROLLMENT APPLICATION FOR RECREATION FEE ASSISTANCE PROGRAM

HOUSEHOLD INFORMATION:

First Name	Last Name	Date of Birth	Phone
Home Address		City	Zip
			E-mail address

Adults are only eligible for fee assistance up to 30%. Youth 17 and under are eligible for fee assistance up to 60%.

• **Number of Family Members in your Household:** _____

▪ **Please list the gross household annual income (income before taxes):** \$ _____

Income information needs to be included for all household members when submitting paycheck stubs as proof of income.

Full Name <small>Include everyone living in the household</small>	Relation to the main contact	Date of Birth	Monthly gross earnings from employment	Other Monthly income <small>(Retirement, Social Security, Child Support, Alimony or other)</small>	Check to Enroll in Fee Assistance Program	OFFICE USE ONLY Percent Approved
JOE SMITH (SAMPLE)	husband	1/15/84	1100	200	X	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

▪ Attach a copy of one of the following documents. Only documents dated within a year of the date applying will be accepted as proof of income.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> General Assistance Letter | <input type="checkbox"/> CalWorks Letter | <input type="checkbox"/> WIC Voucher |
| <input type="checkbox"/> Medi-Cal Card with valid date or Medi-Cal Notice of Action | <input type="checkbox"/> ACE Verification | |
| <input type="checkbox"/> 1095B Tax Document | | |

- Three recent and consecutive pay stubs for all working adults
- Your signature verifies the information provided is accurate and true.

Signature of Household Main Contact _____

Date _____

<p>OFFICE USE ONLY</p> <p>Date Received ___/___/___ by _____ Center _____</p> <p>Date Processed ___/___/___ Staff Initials _____</p>	<p>Comments: _____</p> <p>_____</p> <p>_____</p>
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