

**Fee Waiver/Reduction Application**  
**March 1, 2019 – February 28, 2020**



**City of Portland**  
**Parks, Recreation, & Facilities Department**  
212 Canco Road Ste. A, Portland, Maine 04103  
Phone: (207) 808-5400  
Fax: (207) 808-5400

**PLEASE DO NOT SEND THE REGISTRATION FORM WITH  
THE FEE WAIVER APPLICATION!!**

**You must receive a letter of approval before registering for a program.**

- Fee waivers or reductions are available for **Portland Residents only**.
- Participant must be 0-17 years old and register for programs between **March 1, 2019 – February 28, 2020**.
- Fee waiver applications received without **all** requested information will not be processed and will be returned.

**In order to process your fee waiver/reduction application, you must provide all of the following:**

1. The completed Fee Waiver/Reduction form (attached),
2. 2018 Federal Tax Return (1040 tax form),
3. *Last three* recent consecutive pay stubs,
4. A copy of a bill which is less than one month old, that shows your current street address (not a PO Box)

**In addition, you must provide the following information if these apply to you:**

5. If you receive help from TANIF/ASPIRE, Social Security or Disability etc., please attach a recent statement
6. If you receive child support, please attach a copy of the payment schedule.
7. Any additional documentation that proves your income.

**IF ALL INFORMATION REQUESTED HAS NOT BEEN INCLUDED, WE WILL  
RETURN YOUR APPLICATION AND INDICATE THE MISSING INFORMATION.**

**After materials are submitted:**

1. You will receive a letter indicating the status of your application within two weeks of submitting *all* material. Receiving a Fee Waiver approval letter does not register you for a program.
2. Upon receiving approval of Fee Waiver, you may THEN submit a registration form for any recreation program that is fee waiver eligible
  - a. You may pay for programs that are not fee waiver eligible or when all fee waiver slots are taken.
  - b. Many of our programs are NOT fee waiver eligible or are limited in the amount of fee waiver slots that are available. **Summer 2018 #Camp Castaway (replaced Camp Xtreme) will not be fully fee waived due to the cost of the field trips. See #Camp Castaway information for details.**
  - c. If all fee waiver slots are taken and you cannot pay, you will be added to a wait list if one has been established for the program.
3. When registering for a fee waiver program please attach a copy of your fee waiver confirmation letter.

**If you have any questions about the fee waiver application process, please contact:  
Tonya Mitchell at (207) 808-5427 or email at [tonyam@portlandmaine.gov](mailto:tonyam@portlandmaine.gov).**

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Fee waivers or reductions are available for **Portland Residents only**.  
If approved, this fee waiver/reduction is valid **March 1, 2019 – February 28, 2020** for participants 0-17 years old.

**Primary Parent/Guardian Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

City of Legal Residence \_\_\_\_\_

**Secondary Parent/Guardian Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_ @ \_\_\_\_\_

City of Legal Residence \_\_\_\_\_

**Household Living Arrangement:** (Check all that apply)

- I live:  alone  with domestic partner or roommate  
 with spouse  with relative: (Please specify Mother, Father, Aunt, etc.) \_\_\_\_\_  
 with child(ren)

**Household Information:** List all persons living in your household.

Your Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse/Partner's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If applicable:**

**Department of Health & Human Services (DHHS):** You must provide recent statement.

Case Worker Name: \_\_\_\_\_ Case Worker Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Case #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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**Household Expenses:** Please indicate your following Monthly Expenses

Mortgage/Rent: \$ \_\_\_\_\_ Car Payment: \$ \_\_\_\_\_

**Household Income:** List ALL MONTHLY gross income (before deductions, taxes, etc.) earned or received for each member of your household. **You must report any changes in household income to Portland Recreation.**

| Name | Work | TANF/<br>ASPIRE | Social<br>Security | Child<br>Support | Rental<br>Income | Disability<br>SSI/SSDI | Pension<br>Retirement | Worker's<br>Comp | Unemploy-<br>ment |
|------|------|-----------------|--------------------|------------------|------------------|------------------------|-----------------------|------------------|-------------------|
|      | \$   | \$              | \$                 | \$               | \$               | \$                     | \$                    | \$               | \$                |
|      | \$   | \$              | \$                 | \$               | \$               | \$                     | \$                    | \$               | \$                |
|      | \$   | \$              | \$                 | \$               | \$               | \$                     | \$                    | \$               | \$                |
|      | \$   | \$              | \$                 | \$               | \$               | \$                     | \$                    | \$               | \$                |

**Please answer the following and provide copies of supported documentation with this form**

- Did you or a member of your household file taxes in 2018?  
 Yes **(if yes, you must provide a copy of the federal tax form. Your application will not be considered without proof of residency)**  
 No
- Were you or members of your household employed in 2018?  
 Yes  
 No
- Are you or members of your household currently employed?  
 Yes **(if yes, you must provide last three (3) pay stubs)**  
 No
- Are you a Portland Resident?  
 Yes **(if yes, you must provide proof of residency such as tax or utility bill with your name and address on it. Your application will not be considered without proof of residency.)**  
 No

**Fee waiver applications received without all requested information will not be processed and will be returned.**

For security purposes, remove all personal info (i.e. account, phone numbers, etc.) from the documentation prior to submitting. Submitted copies **WILL NOT** be returned to you.

**SUBMIT FORM AND DOCUMENTATION TO:**  
 Portland Parks, Recreation, and Facilities  
 212 Canco Road, Suite A  
 Portland, Maine 04103

***I certify that I am a resident of the City of Portland, Maine and that all information is true and correct and that all monthly income and expenses are accurately reported. Furthermore, I authorize the release of information regarding eligibility of this Fee Waiver Application from D.H.H.S. or other official sources.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_