



DEPARTMENT OF PARKS AND RECREATION
 Main Office: 3700 S. Four Mile Run Drive. Arlington, VA 22206
REQUEST FOR FEE REDUCTION
 (Form Revised 1/31/2017)

RecTrac HH#: <hr/>

Fee Reductions apply **ONLY** to Arlington County Residents.

Name of Applicant: _____

Address: _____ Zip Code: _____

Best number: _____ - _____ - _____ Email: _____

NOTE: If filing for a household, please list all household members who are financially dependent on one or more members of the same household, including yourself. If applying as an individual just list yourself.

	Name	Birthdate		Name	Birthdate
1			5		
2			6		
3			7		
4			8		

I certify that all the information on this application is true and correct, and that I have provided a) proof of identity (driver's license, passport, or other valid government-issued photo ID), b) proof of Arlington residency (current lease agreement, mortgage statement or utility bill), and c) proof of financial need, and ALL income that is being reported, if applicable. Annual gross income is defined as the sum, on an annual basis, of all pay, allowances, maintenance/child support, social services allowances and other income for the Adult Individual or Household. **IMPORTANT: FEE REDUCTIONS ARE VALID FOR ONE YEAR FROM THE DATE OF APPROVAL. YOU MUST RE-APPLY IN PERSON ANNUALLY (no faxes or emails).**

Signature: _____ Date: _____

For OFFICE USE ONLY below this line.

Processor, check current and official document(s) presented with application. Documents must have the name of applicant.

- ___ Current Arlington Public Schools (APS) reduced or free lunch program. (Date of Letter: _____) ___ Reduced ___ Free
- ___ Current Arlington County Department of Human Services (DHS) Women, Infant and Children Program (WIC) card,
- ___ Current Temporary Assistance to Needy Families (TANF) card or Supplemental Nutrition Assistance Program (SNAP) letter
- ___ Current Qualifying letter from DHS employee in Child & Family or IDD Services
- ___ Current official Arlington County DHS fee reduction approval
- ___ Current McKinney Vento participant documentation
- ___ Current official Arlington Pediatric Center fee reduction approval documentation
- ___ Current Federal Income Tax returns filed within the last 12 months. (HH size: ____, Gross individual or HH income: _____)
- ___ Current documentation from the Virginia Department of Medical Assistance Services (Medicaid), or US Social Security Administration (Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)) demonstrating current eligibility, for individual only
- ___ Current Virginia Employment Commission document demonstrating that one or all of the adult(s) in the household who were generating income are currently receiving unemployment benefits (along with proof of all other forms of income).

If denied, please give explanation:

PROCESSOR: Printed Name:	APPROVER: Printed Name:
PROCESSOR: Location:	APPROVER: Location:

The approved discount percentage and fee reduction expiration date are listed in the receipt provided to the client at the time of processing this application. Receipt #: _____