



FEE REDUCTION GUIDELINES

Thank you for your interest in the City of Federal Way Parks Department and Federal Way Community Center (FWCC). Households* that meet certain income criteria are eligible to receive a 25% fee reduction on recreation programming and FWCC memberships and programs. You can easily determine if your Household qualifies and ensure that you submit a complete application by carefully reviewing the *Household Definition*, *Application Process*, and *Income Eligibility* guidelines below.

Household Definition: For the purposes of the City of Federal Way Parks Department and FWCC household is defined as everyone residing at the same address and includes all adults, children and seniors.

Application Process:

1. Fill out the application side of this form in its entirety.
2. Select a primary applicant and list all additional members of the Household. **Previous year's W-2 form required.** If your Household did not file taxes, or if an individual(s) was not claimed, proof of residency is required for each person not included on the W-2.
Acceptable sources include: Current WA State ID, any government/state agency form.
3. List the monthly total for each source of income/assistance received for the entire Household. Proof of income/assistance is required for each source listed. Documentation should be dated no more than three months prior to date of application submittal.
Acceptable sources include: Tax return (W-2 from previous year only), pay stubs, any government/state agency form.
4. Applications will be reviewed within 10 business days of receipt. Applications with missing information will be held for a maximum of 30 days before being denied. Applicants will be notified of outcome via phone and/or email (mail if no email address is provided).
5. Approved Households may use fee reduction for one year from approval date.
6. Fee reduction is not retroactive and cannot be applied toward previous registrations and/or membership payments.

Income Eligibility: If the Household's total gross income is the same/less than amount shown in the table below, then any member of that Household is eligible to receive fee reduction under the stated guidelines. Income includes wages, social security, pension, unemployment, welfare, alimony, child support, and any other source of income. If foster children are included, you must also include the foster child's personal income.

HOUSEHOLD OF:	GROSS MONTHLY INCOME:
1	\$1,815.00
2	\$2,456.00
3	\$3,098.00
4	\$3,739.00
5	\$4,380.00
6	\$5,022.00
7	\$5,663.00
8	\$6,304.00

For each additional member add \$642.00



FEE REDUCTION APPLICATION

08/16

Would you like us to provide language assistance in regards to this application, if possible? Yes No

If yes, what language?: _____

Primary Applicant: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

List all other members of your Household:

First name	Last name	Birthdate	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all forms of income and assistance for the Household (totals should represent combined monthly amount):

Wages: \$ _____
Unemployment: \$ _____
Social Security: \$ _____
Welfare: \$ _____
Food Assistance/EBT: \$ _____
Alimony: \$ _____
Child Support: \$ _____
Other: \$ _____
Total: \$ _____

I certify that all required information is present and accurate. I understand that this information is being given for the receipt of fee reduction; that City officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to cancellation of benefits. I understand and agree that if the City receives NSF payment or if there is any delinquency on my account all services including membership for the FWCC will be cancelled and I will be expected to pay all past due fees.

Signature: _____ Date: _____