



Fee Reduction Application

Please notify LSSE at 259-3065 if you would like help completing this application. All information provided on this application is strictly confidential. You will be notified in 1-2 weeks of your Fee Reduction Program eligibility.

Section A Information About You and Your Family

Today's Date _____ Your Title (Optional) Mr. ___ Miss ___ Ms. ___ Mrs. ___

Your Name: _____
 (First) (Last) (M.I.)

Mailing Address: _____
 (Street, P.O. Box) (Town) (State) (Zip)

Residential Address: _____
 (Street) (Town) (State) (Zip)

Phone Number: _____
 (Home) (Work)

Employer Name: _____ Phone Number: _____
 Employer Address: _____ How long at this employer? _____

1. Do you have another household member that financially contributes to the household? Yes ___ No ___

Name _____ Relationship to you _____
 (Last) (First)

Name _____ Relationship to you _____
 (Last) (First)

Name _____ Relationship to you _____
 (Last) (First)

2. Are there other people financially contributing to your household? Yes ___ No ___

Name _____ Address _____ Phone _____
 (Last) (First)

Name _____ Address _____ Phone _____
 (Last) (First)

3. If not a resident of Amherst, do you own property in Amherst? Yes ___ No ___

4. Are you eligible for the Voucher Day Care Program? Yes ___ No ___ Unknown ___
 Please first utilize the Voucher Day Care Program when applying for day camp or after school program assistance.

5. Are you a student? Yes ___ No ___ If yes, does anyone claim you on their tax return? Yes ___ No ___

Do you have legal dependants who live with you more than half the year? Yes ___ No ___

Please list their Names and Dates of Birth. If you need more space, please use the back of this form.

Name _____ Date of Birth ___/___/___ Male ___ Female
 (Last) (First)

Name _____ Date of Birth ___/___/___ Male ___ Female
 (Last) (First)

Name _____ Date of Birth ___/___/___ Male ___ Female
 (Last) (First)

Name _____ Date of Birth ___/___/___ Male ___ Female
 (Last) (First)

Section B Information About Your Need for Assistance

Directions: Choose ONE of the following three methods for us to verify your need for assistance:

Method A

Use 2007 income tax figures from a completed or estimated 2007 IRS form 1040, 1040A or 1040EZ.

1. Total Exemptions: _____ 2. Adjusted Gross Income: \$ _____
3. Please attach a copy of your 2007 tax form to this application.

- OR -

Method B

Answer the following and provide verification for each source of income.

The Request for Verification of Income form on pg. 3 may be used if you would like LSSE to verify your income for you (please allow 2-3 weeks for processing if we verify your income for you).

1. 2007 Income earned from employment (please provide at least 4 consecutive paystubs).
 You \$ _____
 Others \$ _____
2. 2007 Interest Income \$ _____
3. Dividend Income \$ _____
4. Alimony \$ _____
5. Unemployment Benefits \$ _____
6. Help from another \$ _____
7. Self-Employed Income \$ _____
 (please attached financial statement for past 12 months)
8. Other Income (please specify)
 _____ \$ _____
- TOTAL INCOME** \$ _____

Method C

Answer the following and provide verification for each source of income.

1. Child Support Received for all Children \$ _____
2. Aid to Families with Dependent Children (AFDC) \$ _____
3. Social Security/Pension Benefits \$ _____
4. SSI (Supplemental Security Income) \$ _____
5. Food Stamp Benefits \$ _____
6. Worker's Compensation \$ _____
7. Student Loans, Grants or Scholarships \$ _____
8. Free or Reduced Lunch Free _____ Reduced _____
9. Veteran's Services (State or Federal) \$ _____
10. Trust funds, Annuities, or Settlements \$ _____
- TOTAL INCOME** \$ _____

I verify that all information contained in this application is accurate and true to the best of my knowledge and that this application reflects my household's true total income. I understand that I am required to notify LSSE immediately of any changes that increase my total household income.

 Signature

 Date

**LEISURE SERVICES AND SUPPLEMENT EDUCATION
BANGS COMMUNITY CENTER
70 BOLTWOOD WALK
AMHERST, MA 01002-2351**

REQUEST FOR VERIFICATION OF INCOME

NAME: _____ DATE: _____
(Applicant Name)

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP: _____
(Applicant Address)

I hereby authorize _____
(Verifying Agency)

(Address of Verifying Agency)

to release the following information regarding my income/assistance to the Town of Amherst Department of Leisure Services and Supplemental Education for the sole purpose of determining fee reduction eligibility. I understand that this information will remain in the strictest confidence.

Signature of Applicant Date

SOCIAL SECURITY #: _____ - _____ - _____

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To the Verifying Organization:

Please complete the appropriate portions below and return to the above address.

Weekly/Biweekly/Monthly/Annually (circle one)* Expected to continue for next 12 months?

\$ _____ Yes ___ No ___

*If paid hourly, please indicate average hours worked each week during past year. Hrs./wk.: _____

Signature of Person Completing Form Date

Printed Name of Person Completing Form

Title of Person Completing Form