

**Fee Waiver/Reduction
Application March 1, 2024 –
February 28, 2025**



**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**.
- Participants must be 0-17 years old and register for programs between ***March 1, 2024– February 28, 2025***.
- 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. 2023 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.
 - 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:
Tina Hawley at (207) 808-5427 or email at thh@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, 2024 – February 28, 2025** 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 relatives: *(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 a recent statement.

Case Worker Name: _____ Case #: _____ Case Worker Telephone Number: (_____) _____ - _____
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/ ASPIRE	Social Security	Child Support	Rental Income	Disability SSI/SSDI	Pension Retirement	Worker's Comp	Unemploy- 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 2023?
 - Yes (if yes, you must provide a copy of the federal tax for. Your application will not be considered without proof of residency.)
 - No
- Were you or members of your household employed in 2023?
 - 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

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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: _____