## Fee Waiver/Reduction Application

March 1, 2025 – February 28, 2026 City of Portland 212 Canco Rd, Suite A Portland, Maine 04103 Tina Hawley (207) 808-5427 thh@portlandmaine.gov



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

You must receive a letter of approval <u>before</u> 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 <u>March 1, 2025–</u> <u>February 28, 2026</u>.
- Fee waiver applications received without <u>all</u> requested information will not be processed and will be returned.

### In order to process your fee waiver/reduction application, you must provide <u>all</u> of the following:

- 1) The completed Fee Waiver/Reduction form (attached),
- 2) 2024 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 (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, 2025 – February 28, 2026** for participants 0-17 years old.

Primary Parent/Guardian Name:						
Street Address:	Apt#:	Zip Code:				
Mailing Address (if different)		Zip Code:				
City of Legal Residence:						
Phone:						
Secondary Parent/Guardian Name:						
		Zip Code:				
Mailing Address (if different)						
City of Legal Residence:						
Phone:	Email:					
Household Information: List <u>all</u> persons liv						
Your Full Name:						
Spouse/Partner's Full Name:						
Full Name:						
Full Name:		<del></del>				
Full Name:		Relationship:				
Full Name:	Age:	Relationship:				
If applicable: Department of Health & Human Services	s (DHHS): You must provide	a recent statement.				
Case Worker Name:	Case #:	Case #:				
Case Worker Telephone Number	Social Security Nu	Social Security Number:				

### Fee Waiver/Reduction **Application**

March 1, 2025 -February 28, 2026

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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/	Social	Child	Rental	Disability	Pension	Worker's	Unempl-
		ASPIRE	Security	Support	Income	SSI/SSDI	Retirement	Comp	oyment
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$

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

Fee waiver applications	received without all requested information will not be processed and
Signature:	Date:
and that all monthly incom	t of the City of Portland, Maine and that all information is true and correct se and expenses are accurately reported. Furthermore, I authorize the ording eligibility of this Fee Waiver Application from D.H.H.S. or other
	es, you must provide proof of residency such as tax or utility bill with your plication will not be considered without proof of residency.)  No
Yes	No
Are you or members of your hous	ehold currently employed?
Yes	No
Were you or members of your ho	usehold employed in 2024?
Yes	No
Your application will not be cons	idered without proof of residency.)
Did you of a member of your nou	sehold file taxes in 2024?(If yes, you must provide a copy of the federal tax for.

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