



# Southern Valley County Recreation District

333 Kelly's Parkway, Cascade, Idaho 83611 (208) 382-5136 www.cascaderec.org

# Financial Assistance

**1**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

**2**

**I AM APPLYING FOR:**

- ◇ Family Membership
- ◇ Individual Membership (Youth/Adult/Senior)
- ◇ Programs: \_\_\_\_\_

I can afford \$\_\_\_\_\_ per month/\$\_\_\_\_\_ per program

Adults in Household: \_\_\_\_\_

Dependent Children in Household: \_\_\_\_\_

**CURRENT FINACIAL ASSISTANCE STATUS:**

- ◇ First time applying or not currently receiving assistance
- ◇ Currently receiving assistance (Renewing)

**3**

**A MEMBERSHIP APPLICATION AND THE FOLLOWING INFORMATION IS REQUIRED WHEN APPLYING FOR FINANCIAL ASSISTANCE:**

**WORKING CURRENTLY or SELF EMPLOYED**

\$\_\_\_\_\_ 30 Day Gross Income

\*Additional documentation may be required\*

- ◇ Most Recent Tax Return\*

AND

- ◇ 30 Day Proof of Income For Entire Household

**RECEIVING OTHER ASSISTANCE**

- ◇ If Applicable, documentation SSI, SSD, Food Stamps/Notice of Action, AFDC, unemployment, child support, etc.

Monthly SSI/SSD \$\_\_\_\_\_

Monthly Unemployment \$\_\_\_\_\_

Monthly Food Stamps \$\_\_\_\_\_

Monthly Child Support \$\_\_\_\_\_

Other Monthly Assistance \$\_\_\_\_\_

Total Monthly Assistance \$\_\_\_\_\_

**LETTER OF SPECIAL CIRCUMSTANCES**

- ◇ We understand that numbers don't show everything. If there are any special circumstances please include a written explanation (note/letter) so that considerations may be given.

**Special/Unusual Expenses:**

\_\_\_\_\_ \$\_\_\_\_\_  
 \_\_\_\_\_ \$\_\_\_\_\_

**4**

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the Cascade Aquatic and Recreation Center immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Print Name

Signature

Date of Signature

Front Desk Staff: \_\_\_\_\_

Date Received: \_\_\_\_\_

FA Reviewer: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Verification of Income (Initials): \_\_\_\_\_

Assistance %: \_\_\_\_\_

Date to reapply: \_\_\_\_\_

**Member Notification:**

- ◇ In Person
- ◇ E-Mail
- ◇ Mail
- ◇ Phone

Notified By (Initials): \_\_\_\_\_

**Additional Notes:**