



### Application for Individual Fee Assistance

(Only residents of Prince George's County are eligible)

#### Section 1: Personal Information (All fields are required)

Applicant Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Address:

\_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Attach copy of your residency verification document—visit [www.pgparcs.com](http://www.pgparcs.com) -> Things To Do -> Become a SMARTlink Customer.

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

SMARTlink Barcode #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status:  Single  Married

The following section is to be completed using the IRS Return Transcript. Please attach IRS Return Transcript to application.

Tax Year: \_\_\_\_\_ Adjusted Gross Income: \_\_\_\_\_

Spouse Name: \_\_\_\_\_  N/A Number of Family Members Listed on Transcript: \_\_\_\_\_

#### Additional Family Members Listed on Transcript:

Name:	Date of Birth:	SMARTlink Barcode #:	Relationship to Applicant:
1.			
2.			
3.			
4.			
5.			
6.			

All family members listed must be clients on the applicant's SMARTlink account whose ages/identities have been verified with required documentation.

#### Section 2: Family Size

Does your Tax Return Transcript include all persons for whom you are seeking aid?

Yes. Proceed to Section 3.  No. Please attach form #2 to this application and proceed to Section 3.

#### Section 3: Income

Does your Tax Transcript accurately reflect your family's financial status for the calendar year?

Yes. Proceed to Section 4.  No. Please attach form #3 to this application and proceed to Section 4.

#### Section 4: Certification

I certify that all of the above information is true and correct. I understand that Commission officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws. I understand that I am responsible for all remaining charges that my award may not cover and will be withdrawn from any program registrations without notice if I fail to pay my full balance after the deadline. I recognize that if I move out of the county during my year of eligibility it is my responsibility to inform M-NCPPC staff and that I will no longer be eligible for fee reduction.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**For Office Use Only**

Document the submission of this Fee Assistance Application and fill in the application reception information on the client's informational page. Update the client's alert text with the appropriate "Fee Assistance Application received" notation.

Date received by staff: \_\_\_\_\_ Facility: \_\_\_\_\_ Staff Member: \_\_\_\_\_

**Facility Director**

If approved, update alert text status to "Pending".

**Attachments Included?**

- Proof of ID and residency for applicant:  Yes  No – N/A  No – Incomplete
- Transcript or Verification of Non-Filing:  Yes  No – N/A  No – Incomplete
- Form 2: Family Size Document:  Yes  No – N/A  No – Incomplete
- Form 3: Income Document:  Yes  No – N/A  No – Incomplete

Adjusted Gross Income: \$ \_\_\_\_\_ Family Size: \_\_\_\_\_ Tax Year: \_\_\_\_\_

- Approve \_\_\_\_\_ %
- Disapprove

**Approved for:**

Client Name	SMARTlink #:
1.	
2.	
3.	
4.	

Client Name	SMARTlink #:
5.	
6.	
7.	
8.	

\_\_\_\_\_  
Facility Director Name

\_\_\_\_\_  
Facility Director Signature

\_\_\_\_\_  
Date

**Regional Manager/Equivalent**

Adjusted Gross Income: \$ \_\_\_\_\_ Family Size: \_\_\_\_\_ Notes if different from above:

- Approve \_\_\_\_\_ %
- Disapprove

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regional Manager Name

\_\_\_\_\_  
Regional Manager Signature

\_\_\_\_\_  
Date

**Division Office**

Adjusted Gross Income: \$ \_\_\_\_\_ Family Size: \_\_\_\_\_

- Approve \_\_\_\_\_ % Approval Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Disapproved

\_\_\_\_\_  
Division Chief Signature

\_\_\_\_\_  
Date

**Facility Director**

- Alert text updated to "Approved" or "Denied"?  Yes  No
- Adjustment applied to applicable registrations?  Yes  No – N/A

**Client Contact?**

<input type="checkbox"/> Email sent on ____/____/____
<input type="checkbox"/> Letter mailed on ____/____/____



## Fee Assistance Program Information

The M-NCPPC Department of Parks and Recreation recognizes the fact that some residents of Prince George's County, Maryland, require financial assistance in order to avail themselves of certain recreation activities that are offered by the Department. M-NCPPC's fee assistance program is designed to assist individuals and families accessing our programs by providing an opportunity to apply for a lesser fee than the published amounts.

The term "fee" refers to an established individual user fee. This includes camps, courses, memberships, aftercare, pre-school, etc. where the total fee exceeds \$35. Fee assistance is not available for groups or teams, or for non-Prince George's County residents. Fee assistance is applied per person, per activity.

An individual or family may qualify for a 90%, 70%, 50%, or 20% reduction in the fee for designated programs. Qualification for a particular reduction is based on family size and income as reported to the IRS. An adult, age 18 or over, must list his/her own income, unless they are considered a dependent as defined by the IRS. On the application, please list all dependent family members as defined by the Internal Revenue Service (IRS) residing in the house and their relationship to the applicant.

Please complete and return the attached application and all necessary documentation (including verification of income) to the M-NCPPC community center or staffed facility located nearest to you. Full completion of the application and verification of income are required before fee assistance applications will be processed. It is the client's responsibility to supply all requested documentation. Incomplete applications will not be processed.

Program registration is not required in order to submit an application; however, after the facility manager has verified that the application is complete, applicants may provide a 10% deposit (of the entire program fee) to secure space in any desired program(s) while his/her information is being reviewed. If you would like to register for a particular program, the completed application must be received 3 weeks before the program's start date in order to be eligible for a reduction.

Once fee reduction is approved or denied based on eligibility (process takes three (3) weeks), the registrant will be notified of the final payment amount (if applicable) and given a payment deadline within ten (10) working days. The registrant then has ten (10) working days to pay the remaining balance before registration(s) are withdrawn.

All decisions are final. Approval is valid for one year from the approval date and no appeals will be considered.

### **Fee assistance may be used for all SMARTlink registrations except:**

- Sports team registrations and user fees
- Point of sale admissions (for performances, drop-in programs, etc.)
- Trips and excursions
- Amusement park tickets
- Programs sponsored by Recreation Councils or Boys & Girls Clubs
- Summer Playgrounds and Xtreme Teen Centers
- Fees for materials, supplies, and equipment for courses, programs, and workshops
- Programs where the total fee does not exceed \$35
- Employee child care programs
- Facility and equipment rentals (including community center meeting rooms, birthday parties, studio space, tennis/racquetball courts, park structures, etc.)

### **Receipt of Pending Fee Assistance Application**

The following section will be filled out by facility staff to document the receipt of your Fee Assistance application. Keep this page for your records:

Date received by staff: \_\_\_\_\_ Facility: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Facility Director: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

If your application is complete according to the facility director's review, you will receive a follow-up to let you know whether your application has been approved in the next 3 weeks. If your application is incomplete, you will receive notice and must provide additional documentation before the application will be reviewed. You must pay in full for all SMARTlink registrations until your application is in a pending status.

**If you have any questions, please contact your local facility for assistance, visit [www.pgparcs.com](http://www.pgparcs.com), or call 301-699-CALL (2255).**