



City of Saco, Maine

Parks & Recreation Department
75 Franklin St., Saco, ME 04072

Telephone: (207) 283-3139
E-mail: parksandrec@sacomaine.org

APPLICATION FOR FINANCIAL ASSISTANCE (REV 07FEB22)

Financial assistance is provided to Saco residents only. This form must be completed and returned **In Person** to the Saco Community Center accompanied by each adult's **most recent State or Federal income tax return, last pay stub and other requested information**. A new application must be completed for each program you are seeking assistance for.

Applicant Name	Home/Cell Phone	Email Address	
Street Address	City	State	Zip Code
<i>Mailing Address If Different</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

A. LIST BELOW THE NAMES OF ALL CHILDREN WHO RESIDE AT THE ABOVE ADDRESS. YOU MUST PROVIDE THE SOCIAL SECURITY NUMBER AND THE DATE OF BIRTH FOR EACH CHILD.

1. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
2. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
3. _____ Child's Name	_____ Social Security Number	_____ Date of Birth
4. _____ Child's Name	_____ Social Security Number	_____ Date of Birth

B. INDICATE BELOW WHO YOU ARE REQUESTING ASSISTANCE FOR AND PROGRAM NAME

If you are requesting assistance for Summer Camp or After School Camp please indicate number of weeks attending.

1. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
2. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
3. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program
4. _____ Child's Name	_____ Age	_____ Grade	_____ School Attending	_____ Program

C. FINANCIAL INFORMATION THAT MUST BE PROVIDED ON ALL ADULTS IN THE HOUSEHOLD.

You must list each adult who lives at this residence and provide the requested information. Failure to include all information for this section will result in your application being denied.

1. _____ Name of Adult	_____ Name of Employer	_____ Employer's Phone #	_____ Hourly Wage	_____ Weekly Net Pay
2. _____ Name of Adult	_____ Name of Employer	_____ Employer's Phone #	_____ Hourly Wage	_____ Weekly Net Pay



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INCOME DETERMINATION WORKSHEET (REV 07FEB22)

Applicant is required to fill out this work sheet completely and provide all required documentation.

GROSS INCOME	<i>Copy of Income Tax Return Required</i>	A.	\$
Income Adjustments (Total to be added to Gross Income to determine Adjusted Gross Income)			
1. Social Security	<i>Documentation Required</i>		\$
2. Alimony	<i>Documentation Required</i>		\$
3. Child Support	<i>Documentation Required</i>		\$
4. Welfare	<i>Documentation Required</i>		\$
5. Pension	<i>Documentation Required</i>		\$
6. Other	<i>Documentation Required</i>		\$
Total of all Income Adjustments (add lines 1-6 above)		B.	\$
ADJUSTED GROSS INCOME (add A + B)		C.	\$

Allowable Income Expenses (Total to be deducted from Gross Income to determine Net Income)				
	<i>2 Member Family</i>	<i>3 Member Family</i>	<i>4+ Member Family</i>	
1. Mortgage/Rent	<i>Documentation Required</i>			\$
	\$1221.00/month	\$1531.00/month	\$1793.00/month	
2. Groceries	<i>Documentation Required</i>			\$
	\$459.00/month	\$658.00/month	\$835.00/month	
3. Electricity	<i>Documentation Required</i>			\$
	\$102.00/month	\$119.00/month	\$139.00/month	
4. Vehicle Payments	<i>Documentation Required (Monthly Maximum of \$200.00)</i>			\$
5. Home/Vehicle Insurance	<i>Documentation Required (Monthly Maximum of \$100.00)</i>			\$
6. Home Heating	<i>Documentation Required (Monthly Maximum of \$150.00)</i>			\$
Total of Allowable Income Expenses (add lines 1-7 above)				D. \$
NET INCOME (subtract C-D) (Amount to be used for Fee Waiver Determination)				E. \$

I certify that all of the information provided is true and that I am responsible to notify Saco Parks & Recreation of any change of family or financial status immediately should they occur. I understand that this completed form will be used solely for the purpose of determining financial assistance. I authorize a representative from the Saco Parks & Recreation Department to contact city/state welfare and other officials to determine the accuracy of my financial situation. I understand that failure to provide true and accurate information or the falsification of documents will disqualify me from the Fee Waiver Program.

Signature of Adult Requesting Assistance

Date

RETURN THIS COMPLETED APPLICATION WITH YOUR MOST RECENT STATE OR FEDERAL INCOME TAX RETURN, AND OTHER REQUIRED DOCUMENTATION



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FINANCIAL ASSISTANCE APPLICATION POLICY

(Adopted by City Council March 2012) (REV 07FEB22)

Program Registration Forms WILL NOT BE accepted with Financial Assistance Applications

1. In accordance with City Council Policy §53; approved February 21, 2012, the following procedure will be followed in the disbursement of Fee Waivers for our programs.
2. The Parent/Legal Guardian applying for financial assistance must be a Saco resident.
3. The total amount of Fee Waivers the Department is authorized to award cannot exceed 6% of the Parks & Recreation Department's budgeted revenues for the fiscal year.
 - a. Half of this amount shall be reserved for programs running during the school year with the other half being reserved for programs running in the summer.
 - b. Fee Waiver awards will be given out based on highest qualifying need first.
 - i. Awards will first be given out to applicants applying for an entire program length (i.e. all weeks of Summer Camp) starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications are received, as funds allow.
 - ii. Awards will next be given to applicants applying for partial program lengths starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications are received, if funds allow.
 - c. If an applicant was previously awarded a fee waiver award and did not use at least 50% of that award, they are not eligible for the next fee waiver application period.
4. Contractual Programs or Programs with fees less than \$55.00 are not eligible for the Fee Waiver Program.
5. **Submitting: for the 2022-2023 season, we are accepting applications by mail or in person at the Saco Community Center. For mail, send completed applications and all appropriate documentation to: Saco Community Center – 75 Franklin St., Saco, ME 04072.**
6. **Completing your form:** In order to be considered for a fee waiver or scholarship the Saco Parks & Recreation Financial Assistance Application must be filled out completely and have all *mandatory financial information* provided. This includes back up documentation such as receipts or invoices, examples noted below. Copies of documentation must be included with your mailed application. Failure to complete the Financial Assistance Application completely and provide copies of all necessary documentation will result in a reduced fee waiver entitlement or disqualification from the process.
7. Back up documentation includes, but is not limited to;
 - a. Copy of both parent's (in the household) State or Federal income tax return (**MANDATORY**)
 - b. Copy of both parent's (in the household) last pay stub (**MANDATORY**)
 - c. Copies of any bills being declared are optional but are needed for substantiation, such as;
 - i. Mortgage or Rent Statement
 - ii. Electrical Bill
 - iii. Home Heating Oil or Propane Bill
 - iv. Home & Auto Insurance Statement
 - v. Automobile Payment Statement
 - vi. Telephone Bill
8. Your application will be processed within 7 business days from the date it is received.
9. A Letter of Determination will be issued from the Parks and Recreation Director based on the forms' completion and attached documentation. This Letter of Determination will be mailed AND emailed to the applicant requesting the financial assistance. If awarded a fee waiver a Fee Waiver Payment Plan Breakdown will be included with the notification, showing the payment schedule and amounts due.
10. **To complete the fee waiver process** you must acknowledge the Fee Waiver Payment Plan Breakdown form by responding to the email offer that you accept the Fee Waiver arrangement.
11. **To complete enrollment for the program**, you will be invoiced for your fee waiver through your household account at www.sacorec.com; the first payment must be paid through your online account. In addition you must submit the appropriate Registration forms for the participant(s) for the program you are enrolling for. Your child **will not be enrolled in the program** until the registration procedure has been completed.
12. Failure to keep current with the agreed upon Fee Waiver Payment Plan Breakdown will result in the removal of the participant(s) from the program until the payment plan has been brought up to date.
13. Changes and/or updates to this policy may be made at any time and without notice by the City of Saco.



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SLIDING SCALE FOR FINANCIAL ASSISTANCE ENTITLEMENTS (REV08MARCH22)

Yearly Income	2 Member Family	3 Member Family	4 Member Family	5 Member Family	6+ Member Family	% Waiver
	\$27,465.00	\$34,545.00	\$41,625.00	\$48,705.00	\$55,785.00	25%
	\$22,887.50	\$28,787.50	\$34,687.50	\$40,587.50	\$46,487.50	50%
	\$18,310.00	\$23,030.00	\$27,750.00	\$32,470.00	\$37,190.00	75%

*Figures are derivatives of 100% of Poverty for twelve months, as promulgated by the US Dept. of Health & Human Services (DHHS) and based on HUD Median Income and State of Maine Maximums for Financial Assistance as published by the Maine State Housing Authority.