

ARLINGTON COUNTY DEPARTMENT OF PARKS AND RECREATION

FINANCIAL HARDSHIP REQUEST

Date of Request: _____

Primary Guardian: _____

Household ID: _____

The Department of Parks and Recreation (DPR) charges fees for each program based on the annual fee policy as approved by the Arlington County Board. However, fees are not intended to be a deterrent for households with members wishing to participate in DPR programs. DPR has a separate process to consider reduced household fees on an annual basis, which will continue to be offered to those in economic need based on the income scale published by the U.S. Department of Housing and Urban Development (HUD) for the region. The financial hardship is a separate process whereby households may apply for a hardship exemption for certain DPR offerings for a period of up to six months if that household has documented temporary financial hardships.

PART I: REQUEST (Please check appropriate statement(s)).

- ___ I am unable to pay the full cost of fees associated with DPR programs on an ongoing basis and I have not yet applied for an annual fee reduction for my household (PLEASE COMPLETE ANNUAL FEE REDUCTION REQUEST PROCESS PRIOR TO REQUESTING HARDSHIP ASSISTANCE).
- ___ My household has been granted a current annual fee reduction.
- ___ **My household is currently experiencing a temporary economic issue and we are unable to pay the full cost for DPR programs. I am requesting that the household fee(s) be adjusted on a temporary basis for specific DPR offerings.**

Request: _____

Statement of reason: _____

PART II: INCOME: Based on Current Financial Assessment

Total Regular Monthly Income: \$ _____ Total Monthly Income Lost in Current Situation: \$ _____

Total change in monthly expenses (if applicable): \$ _____

Current Fee Reduction Level (if applicable) _____

PART III: DPR PROGRAM OFFERINGS

Please detail the requested household enrollments for DPR activities:

Program Name: _____ Season: _____ # of Participants _____ Fee \$ _____

Program Name: _____ Season: _____ # of Participants _____ Fee \$ _____

Program Name: _____ Season: _____ # of Participants _____ Fee \$ _____

Program Name: _____ Season: _____ # of Participants _____ Fee \$ _____

I hereby attest that all the information I have listed is true and correct to the best of my knowledge.

Head of Household Signature: _____ Date: _____

Division Approval: _____ Date: _____

***Please provide detail showing the cause and projected length of the economic hardship when this form is submitted.**

THIS SECTION IS FOR OFFICIAL USE ONLY

PART IV: REGISTRATION STAFF USE

Registration Staff Recommendation: _____

Verifying Registration staff name & signature: _____ Date: _____

Detail documents submitted: _____

PART V: FINANCE OFFICE - COST OF SERVICES PER MONTH

Total Adjusted Monthly Income: \$ _____ Income Level _____ Current Fee Reduction Level _____

Using Services and Estimated number of services (units) per Month from PART II complete the following

Program Name: _____ # of Participants _____ x Cost of Program \$ _____

Program Name: _____ # of Participants _____ x Cost of Program \$ _____

Program Name: _____ # of Participants _____ x Cost of Program \$ _____

Program Name: _____ # of Participants _____ x Cost of Program \$ _____

Total Cost of Programs \$ _____

PART VI: FINANCE OFFICE - RECOMMENDED FEE REDUCTION (SINGLE PROGRAM FEE REDUCTIONS ONLY)

Fee Reductions are based on Cost of Programs and Customer Income Level – Circle above the affected programs.

Fee Reduction Percentage Of Costs:	Fee Reduction-Calculated Client Fee:	Effective Date of Fee:	End Date of Fee:
_____	_____	_____	_____

PART VII: FINANCE OFFICE - PAYMENT PLAN RESTRUCTURE. (Circle above the affected programs).

of Published Program Payments: _____

of Revised Program Payments: _____ Revised Date of Last Payment: _____

<input type="checkbox"/> Approved
<input type="checkbox"/> Denied

Completed by: _____

Date: _____

Finance Signature: _____

Date: _____
