



208-382-5136

333 Kelly's Parkway, Cascade ID

info@cascaderec.org

ALL INFORMATION IS REQUIRED WHEN APPLYING FOR FINANCIAL ASSISTANCE

Please make all information legible, illegible information may result in a delayed response

Household Information

Name _____ Phone Number (_____) _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Date of Birth _____

Applying For

- Family Membership (Includes you, spouse, and legal dependents under the age of 19)
- Individual Membership (Youth/Adult/Senior) I can afford \$ _____ /month
- Program: _____ I can afford \$ _____ /month

#Adults in Household: _____ #Legal Dependent(s) under the age of 19 in Household: _____

- First time applying or not currently receiving assistance
- Currently receiving assistance

Employment (Must Attach Documentation)

\$ _____ 30 Day Gross Income (Please attach a copy of your last pay stub to this application)

- Most recent Tax Return (Please attach a copy to this application)
- 30 Day Bank Statement (Please attach a copy to this application)

Receiving Other Assistance

If applicable, provide documentation for 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 \$ _____

Letter of Special Circumstances

We understand that there can be extenuating circumstances other than lack of income. If there are any special circumstances, please include a written explanation so that considerations may be given.

I certify that the above information is true & complete to the best of my knowledge, & that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information & 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 & Recreation Center immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now &/or in the future.

Print Name: _____ Signature _____ Date _____

FOR OFFICE USE ONLY

Received by Front Desk Staff: _____ (Initial) Date Received: _____

Date received by District Manager: _____

Director in Charge of Program: _____ Date Received: _____

Member Notification (Circle One): In person / E-mail / Mail / Phone

Notified by (Please Initial): _____ Date Notified: _____

APPROVED BY DISTRICT MANAGER FOR:

Type: _____

Duration: _____

Cost: _____

Date Approved: _____

Signature: _____