



THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT  
"WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS"

# FEE WAIVER FORM

Participant fees are charged so that we are able to keep the programs available to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons submitting a fee waiver are required to submit verification of income and proof of residency as proof of qualification.

- Check here if you cannot afford the program fee but are able to contribute a small amount to the scholarship fund so that more children can participate in the programs. \$ \_\_\_\_\_ (amount of donation).
- Cash  Check Please make your check payable to: San Diego Friends of Parks and Recreation Foundation or  \_\_\_\_\_ Recreation Council.

Please waive the fees for \_\_\_\_\_  
(activity)

Total fee: \$ \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CLASS/ACTIVITY LOCATION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_

QUARTER: (Circle one) FALL WINTER SPRING SUMMER YEAR: \_\_\_\_\_

SIZE OF FAMILY (Check one)

	Annual Income		Annual Income
1	_____ \$14,933	4	_____ \$41,459
2	_____ \$24,463	5	_____ \$48,926
3	_____ \$33,588	6	_____ \$57,222

For larger families, add \$8,296 per additional member. (Not all Park and Recreation programs are eligible for low-income fee waivers.) Please submit your current Internal Revenue Service (IRS) tax return\*, Health and Human Services -Notice of Action (dated within 30 days), or Social Security - Award/Benefit Letter or Social Security Proof of Income Letter. I hereby certify that my family's economic situation falls under the category checked, and I reside in the City of San Diego.

\_\_\_\_\_  
HEAD OF HOUSEHOLD DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of Residency:  Valid California Driver's License/Identification Card displaying City of San Diego address and one of the following:  current utility bill,  current monthly checking statement,  rental/lease agreement and current month rent receipt,  property tax statement,  active duty military identification card,  retired military identification card.

\_\_\_\_\_  
APPROVED BY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Since IRS tax returns contain personal identifying information, copies of the verifying documents should not be retained and should be disposed of properly to prevent loss.

Current IRS Tax Return verified on: DATE: ____/____/____ _____ Approved by
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LA CIUDAD DE SAN DIEGO EL DEPARTAMENTO DE PARQUE Y RECREACIÓN  
 "ENRIQUECEMOS VIDAS POR MEDIO DE PARQUES Y PROGRAMAS DE CALIDAD"

## SOLICITUD DE RENUNCIA DE CUOTAS

Las cuotas cargadas son para tener los programas disponibles para el público. Los renuncios de cuotas son solamente para las personas que no pueden pagar las cuotas de los programas. Para calificar se requiere verificación de ingresos y prueba de residencia para cada persona sometiendo un renuncio de cuota.

- Verifiqué aquí si no puede pagar las cuotas del programa, pero si puede ayudar con una contribución chica para los fondos de becas, para que más niños puedan participar en los programas. \$ \_\_\_\_\_ (cantidad de la donación).  
 Efectivo  Cheque Favor de hacer su cheque al nombre de: San Diego Friends of Parks and Recreation Foundation  
 \_\_\_\_\_ Recreation Council.

Favor de renunciar la cuota para \_\_\_\_\_  
 (actividad)

Cantidad Total: \$ \_\_\_\_\_

NOMBRE DEL PARTICIPANTE: \_\_\_\_\_ EDAD: \_\_\_\_\_

DOMICILIO: \_\_\_\_\_ TELÉFONO: ( ) \_\_\_\_\_

LUGAR DE CLASE/ACTIVIDAD: \_\_\_\_\_ FECHA: \_\_\_\_/\_\_\_\_/\_\_\_\_ HORA: \_\_\_\_\_

TRIMESTRE: (Marca uno) OTOÑO INVIERNO PRIMAVERA VERANO AÑO: \_\_\_\_\_

TAMANO DE FAMILIA (Verifique uno)  
 Ingreso Anual

1	_____	\$14,933	4	_____	\$41,459
2	_____	\$24,463	5	_____	\$48,926
3	_____	\$33,588	6	_____	\$57,222

Para familias más grandes, aumente \$8,296 por cada miembro adicional. (No todos los programas del Departamento de Parque y Recreación de la Ciudad de San Diego son elegibles para usar la solicitud de renuncia de cuotas.) Favor de someter su regreso de impuesto del Internal Revenue Service (IRS) actual, Health and Human Services - Notice of Action (con la fecha menos de 30 días), o Social Security - Award/Benefit Letter o Social Security Proof of Income Letter. Yo certifico que la situación económica de mi familia cae bajo la categoría indicada y que somos residentes de la Ciudad de San Diego.

\_\_\_\_\_  
 JEFE DE FAMILIA FECHA: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proof of Residency:  Valid California Driver's License/Identification Card displaying City of San Diego address and one of the following:  current utility bill,  current monthly checking statement,  rental/lease agreement and current month rent receipt,  property tax statement,  active duty military identification card,  retired military identification card.

\_\_\_\_\_  
 APPROVED BY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current IRS Tax Return verified on: DATE: ____/____/____  _____ Approved by
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