



**PLEASE DO NOT SEND THE REGISTRATION FORM WITH
 THE FEE WAIVER APPLICATION!!**

Last Updated February 28, 2021

You must receive a letter of approval before registering for a program.

- Fee waivers or reductions are available for **Portland Residents only**.
- Participant(s) must be 0-17 years old and register for programs between the dates of: **March 1, 2021 – February 28, 2022**.

Fee Waiver Application Process

- Applications are not considered without proof of residency, i.e. current tax or utility bill with your name and address.
- When all requested information has NOT been attached, the application will be returned to you, indicating missing documentation.
- In order to process this application, as it pertains to your household, you must provide all information requested below:

Fee Waiver Documentation Check List

I have attached all requested documentation listed below, as pertains to my household.

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| ▶ 1. Completed Fee Waiver/Reduction Application | |
| ▶ 2. Copy of 2020 Federal Tax Return (1040 tax form) | |
| ▶ 3. Copies of three most RECENT consecutive pay stubs. | |
| ▶ 4. Copy of a CURRENT bill (less than one month old) that shows CURRENT street address (NOT a PO Box) | |

In addition, if these apply to you, you must provide the following information:

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| ▶ 5. Copy of most recent TANIF/ASPIRE, Social Security or Disability etc., statement. | |
| ▶ 6. Copy of CURRENT child support payment schedule. | |
| ▶ 7. Copy of any additional documentation that proves your income. | |

After All Requested Documentation is Submitted:

1. You will receive a letter indicating the status of your application within three weeks of submitting all material.
Receiving a Fee Waiver approval letter does not register you for a program.
2. Upon receiving approval of a Fee Waiver, you may THEN submit a registration form for any recreation program that is fee waiver eligible.
 - a. Many programs are NOT fee waiver eligible or are limited in amount of fee waiver slots available.
 - b. When a program is not fee waiver eligible you will be required to pay for the full cost of the program.
 - c. In the case that all fee waive slots are taken, you will be added to a wait list, if one has been established.
3. When registering for a fee waived program, please attach a copy of your fee waiver confirmation letter.

Fee Waiver Application Submission Process

For your security, prior to submitting documentation, please remove all personal information, including account numbers.
 Once **ALL** requested information has been received, it may take up to 3 weeks to process your fee waiver application.
 Submitted copies WILL NOT be returned to you.

**For more information or any questions regarding the fee waiver application process, please contact Tonya Mitchell:
 (207) 808-5427 / tonyam@portlandmaine.gov**





Fee waivers or reductions are available for **Portland Residents only**.

If approved, it is valid for participants 0 - 17 years old through the dates of:

March 1, 2021 – February 28, 2022

Parent/Guardian Information:

Primary Parent/ Guardian Name				
Street Address		Apt #		Zip
Mailing Address		Apt #		Zip
Primary Phone		Primary Email Address		
Parent/ Guardian Name				
Street Address		Apt #		Zip
Mailing Address		Apt #		Zip
Primary Phone		Primary Email Address		

Household Information/Living Arrangements: List ALL persons living in your household including their age.
 Specify their relationship to you. i.e. spouse, domestic partner, son, daughter, sister, roommate

First Name	Last Name	Age	Relationship to You

Department of Health & Human Services (D.H.H.S.) Contact Information:

When applicable, you must attach a current provider statement.

Case Worker Name		D.H.H.S. Case #	
Email Address		Office Phone #	
Parent/Guardian Social Security			

Proof of Residency & Income:
Applications are not considered without proof of residency, i.e. current tax or utility bill with your name and address on it.
 Please answer the following questions and provide **copies of supported documentation** with this application.

1. Are you a resident of Portland, Maine?	Yes	No
2. Did you and/or a member of your household file taxes in 2020?	Yes	No
<i>If yes, attach copy (copies) of Federal Tax return (1040).</i>		
3. Were you or members of your household employed in 2020?	Yes	No
<i>If yes, attach copies of last three paystubs.</i>		
4. Are you or members of your household currently unemployed?	Yes	No



City of Portland
Fee Waiver/Reduction Application
March 1, 2021 – February 28, 2022



Parks, Recreation & Facilities Department
 212 Canco Road • Ste. A • Portland • Maine • 04103
 Fax: (207) 808-5400 • Phone: (207) 808-5400

Monthly Household Expenses: *Please indicate your following monthly expenses.*

Mortgage/Rental Payment per Month:		Vehicle Payment per Month:	
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Monthly Household Income: *Changes in household income must be reported to the Recreation Office: (207) 808-5427.*

List **ALL MONTHLY** gross income (*before deduction, taxes, etc.*) earned and/or received by each member of your household.

1. Name			
Employed Earnings/Week		Unemployment Earnings/Week	
TANF / Aspire Payment/Month		Earned Rental Income/Month	
Social Security Payment/Month		Disability SSI/SSDI Income/Month	
Child Support Payment/Month		Pension/Retirement/Month	
Worker's Compensation Payment/Month		Other _____	

2. Name			
Employed Earnings/Week		Unemployment Earnings/Week	
TANF / Aspire Payment/Month		Earned Rental Income/Month	
Social Security Payment/Month		Disability SSI/SSDI Income/Month	
Child Support Payment/Month		Pension/Retirement/Month	
Worker's Compensation Payment/Month		Other _____	

3. Name			
Employed Earnings/Week		Unemployment Earnings/Week	
TANF / Aspire Payment/Month		Earned Rental Income/Month	
Social Security Payment/Month		Disability SSI/SSDI Income/Month	
Child Support Payment/Month		Pension/Retirement/Month	
Worker's Compensation Payment/Month		Other _____	

Submit Fee Waiver/Reduction Application With All Requested Documentation To:

Portland Recreation Office • 212 Canco Road • Suite A • Portland • ME • 04103 • ATTN: Tonya Mitchell

I certify that I am a resident of Portland, Maine and that all information is true and correct and that all monthly income and expenses are accurately reported. Furthermore, I authorize the release of information regarding eligibility of this Fee Waiver/Reduction Application from the Department of Health & Human Services or other official sources.

Signature		Date	
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