BERNALILLO COUNTY PARKS & RECREATION

APPLICATION FOR FREE OR REDUCED FEE(S)

Section/Program: SPORTS, Youth Basketball League

APPLICANT, PLEASE COMPLETE IN FULL - THIS FRONT PAGE ONLY

Please Note: A non-refundable Registration Fee of $15 for each child is due at the time of enrollment, payable in all forms EXCEPT CASH. Thank you.

PARENT/LEGAL GUARDIAN INFORMATION:

NAME OF FATHER: _____ HOME #: _____

EMAIL ADDRESS: _____ CELL #: _____

Physical Address: _____ City/State/Zip _____

Last Four SS #: _____ Verified: _____ Please ✓ if applicable: I am not the natural parent, but can prove legal guardianship: _____

NAME OF MOTHER: _____ HOME #: _____

EMAIL ADDRESS: _____ CELL #: _____

Physical Address: _____ City/State/Zip _____

Last Four SS #: _____ Verified: _____ Please ✓ if applicable: I am not the natural parent, but can prove legal guardianship: _____

HOUSEHOLD STATUS: (PLEASE ✓) SINGLE____ MARRIED____ SEPARATED____ DIVORCED____

Please note: *If legally married, yet separated*, please provide proof of separate residences (ex: court document, utility bill, etc.)

PLEASE LIST ALL HOUSEHOLD MEMBERS HERE:

STAFF USE ONLY

NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ *OR* USCIS/GREEN CARD ID: _____
SS Verified_____ BC. VERIFIED____

NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ *OR* USCIS/GREEN CARD ID: _____
SS Verified_____ BC VERIFIED_____

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SS Verified_____ BC VERIFIED_____

NAME (First, MI, Last): _____
AGE: _____ SOC.SEC. (LAST FOUR #'S): _____ *OR* USCIS/GREEN CARD ID: _____
SS Verified_____ BC VERIFIED_____

All Current Household Income Sources (check all that apply): Employment _____SNAP _____TANF _____ SSI_____

Other :_____(Specify) GROSS MONTHLY INCOME: $_____ HOUSEHOLD SIZE: _____

In signing this application below, I certify that all of the above information is true and correct to the best of my knowledge, and that all household income is being disclosed here. I understand that the information on this application will be used solely for the determination of the Free or Reduced Fee for Bernalillo County's Parks & Recreation YBL Sports Program. (*I also understand that proof of income must be supplied with this application.)*

_____ _____

Parent/Legal Guardian Signature Today's Date

THIS SIDE TO BE COMPLETED BY STAFF ONLY:

	PLEASE CHECK ALL THAT APPLY				
	PROGRAM NAME	SEASON		BASIC COST	COST (Per Line)
PARTICIPANT NAME	YBL SPORTS	SUMMER	WINTER	$100	($100)
1					
2					
3					
4					
5					
6					

TOTAL COST OF PROGRAMS: $_____

TOTAL COST TO APPLICANT: $_____

Check One: Reduced (50% off) ___
Free ___

TOTAL COST TO COUNTY: $_____

GRAND TOTAL: $ _____

RecCenter RECEIPT NO(S)

PRE-APPROVED FOR: FREE: ____ REDUCED: ____ DOES NOT QUALIFY: ____

IF APPLICANT RECEIVES SNAP OR TANF, *WRITE-IN END DATE FOR CERTIFICATION*: _____

IFAPPROVAL IS BASED ON EARNINGS, INCLUDE: FAMILY SIZE ____ MONTHLY INCOME: $_____

PROCESSOR'S NAME:_____SIGNATURE: _____DATE:_____

CENTER/SECTION MGR.'S SIGNATURE: _____DATE: _____

F & R AUDITOR COMPLETES:

APPROVED FOR: FREE: ___ REDUCED: ___ DOES NOT QUALIFY: ___

Center: _____
Sheet: _____ Quarter:_____

EXPLANATION *(IF DENIED):*

_____

_____ *See Attached:* _____

AUDITOR'S NAME: _Ruth Smith_____ SIGNATURE:_____ DATE: _____

DEPARTMENT DIRECTOR'S SIGNATURE: _____ DATE: _____