Internal Use:
Approved By: _____

Effective Date: _____

Notified: _____

THE Center OF ANNA MARIA ISLAND
The community's gathering place

THE CENTER OF ANNA MARIA ISLAND
APPLICATION FOR REDUCED FEES

In order to determine the eligibility of _____ for financial assistance, please assist us by completing the following information. If proper documentation is not submitted, you will not be considered for reduced fees.

INFORMATION PROVIDED IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY PURPOSE OTHER THAN TO DETERMINE FINANCIAL ELIGIBILITY.

Enrolling Person/Guardian:_____ Date _____

Physical Address_____

Home/Cell Telephone_____

E-mail: _____

Please provide information about **everyone living (children and adults-employed or not employed) in your household**. Monthly income includes *gross earnings, child support, alimony, earned income credit, unemployment or workman's compensation, or any other checks or cash received.*

Name	Age	Relationship to Member	Monthly Income (Gross)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS? _____

_____

_____

I ATTEST THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT IF I GIVE FALSE INFORMATION ON PURPOSE, I MAY BE SUBJECT TO PROSECUTION FOR FRAUD. I WILL NOTIFY **AMICC** IF ANY OF THE INFORMATION THAT I HAVE PROVIDED CHANGES.

_____ _____

Signature of Applicant Date

VERIFICATION OF EMPLOYMENT/LOSS OF INCOME
ANNA MARIA ISLAND COMMUNITY CENTER
APPLICATION FOR REDUCED FEES

Enrolling Person/Guardian Name

_____

Please complete one of the following options.

I. **VERIFICATION**: Active Employment (*Please complete one of the following options* ***if last 4 weeks' pay-stubs are unavailable***).

1. NAME OF EMPLOYER _____
2. ADDRESS OF EMPLOYER _____
3. TELEPHONE OF EMPLOYER _____
4. DATE CURRENT EMPLOYMENT BEGAN _____
5. IS EMPLOYMENT SEASONAL? YES☐ NO☐. IF **YES**, SEASON BEGINS _____ ENDS_____
6. NUMBER OF HOURS WORKED PER WEEK _____
7. HOW OFTEN IS EMPLOYEE PAID? DAY☐ WEEK☐ BI-WEEKLY☐ MONTH☐
8. RATE OF PAY $_____ PER _____
9. ANNUAL INCOME $_____

II. Loss of Income

Unemployment (*Please have most recent employer complete this section <u>OR</u> if you are collecting unemployment or workman's compensation, you may supply* ***copies of last 4 payments on page 3***).

PERMANENT _____ TEMPORARY _____ EXPECTED DATE OF RETURN _____

1. NAME OF EMPLOYER _____
2. ADDRESS OF EMPLOYER _____
3. TELEPHONE OF EMPLOYER _____
4. DATE EMPLOYMENT ENDED _____
   REASON FOR TERMINATION _____
5. LENGTH OF TIME EMPLOYED _____

Attestation statement:

<u>I,_____, attest that the information above is true and correct..</u>

Date: _____

ATTACHMENT "A"
GOVERNMENT ASSISTANCE PROGRAMS
ANNA MARIA ISLAND COMMUNITY CENTER
APPLICATION FOR REDUCED FEES

To expedite proper processing, please complete this form. Do you receive government benefits? Please leave blank otherwise.

SECTION I

INCLUDE YOUR STATUS/YOUR DEPENDENT(S) LETTER OF ACKNOLWDGEMENT THAT VERIFIES YOUR ELIGIBILITY AND RECIEPT OF ANY/ALL THAT APPLY FOR THE FOLLOWING:

	YES	NO
• Food Stamps	☐	☐
• A.F.D.C.	☐	☐
• EBT Services	☐	☐
• Welfare	☐	☐
• Medicaid	☐	☐

Other _____

FOR OFFICE USE ONLY

ALL PROPER DOCUMENTATION HAS BEEN SUBMITTED: YES☐ NO☐
ATTACHMENT: A-Government Assistance Programs ATTACHED: YES☐ NO☐ N/A☐

HOUSEHOLD SIZE: _____ TOTAL YEARLY INCOME: _____

APPROVED: ____ DENIED: ____ REASON FOR DENIAL: _____

REGULAR FEES: $_____ GRANTED REDUCED FEE: %_____ $_____

AGREED MONTHLY PAYMENTS: $ _____ EFFECTIVE UNTIL: _____

_____
Administrative Manager Signature Date