



Fee Reduction Application

Amherst Leisure Services (LSSE), 170 Chestnut St., Suite 1, Amherst, MA 01002
phone: 413-259-3065, fax: 413-259-2407
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Please notify LSSE at 259-3065 if you would like help completing this application. All information provided on this application is strictly confidential.

Section A: Information About You and Your Family

Today's Date _____ Your Title (Optional) Mr. ___ Miss ___ Ms. ___ Mrs. ___

Your Name: _____
(First) (Last) (M.I.)

Mailing Address: _____
(Street, P.O. Box) (Town) (State) (Zip)

Residential Address: _____
(Street) (Town) State) (Zip)

Phone Number: _____ (Home) _____ (Cell) Email: _____

1. Do you have legal dependants who live with you more than half the year? Yes ___ No ___
Please list their names and dates of birth. If you need more space, please use the back of this form.

Name _____ Date of Birth ___/___/___ ___ Male ___ Female
Name _____ Date of Birth ___/___/___ ___ Male ___ Female
Name _____ Date of Birth ___/___/___ ___ Male ___ Female
Name _____ Date of Birth ___/___/___ ___ Male ___ Female

2. How many adults live in the household including yourself? _____

3. Do you have another household member that contributes financially to the household? Yes ___ No ___

Name _____ Relationship to you _____

4. Are there other people contributing financially to your household? Yes ___ No ___

Name _____ Address _____ Phone _____

5. Are you eligible for the Voucher Day Care Program? Yes ___ No ___ Unknown ___
Please first utilize the Voucher Day Care Program when applying for day camp or after school program assistance.

Section B: Information About Your Need for Assistance

Directions: Choose **ONE** of the following three methods for us to verify your need for assistance:

Method A

Use 2018 income tax figures from a completed or estimated 2018 IRS form 1040, 1040A or 1040EZ.

- 1. Number Exemptions: _____
- 2. Adjusted Gross Income: \$ _____
- 3. Please attach a copy of your 2018 tax form to this application.

- OR -

Method B: Answer the following and provide verification/documentation for each source of income.	Method C: Answer the following and provide verification/documentation for each source of income.
<p>1. Income earned from employment (please provide at least 4 consecutive paystubs).</p> <p style="margin-left: 40px;">You \$ _____</p> <p style="margin-left: 40px;">Spouse/Partner \$ _____</p> <p>2. 2018 Interest Income \$ _____</p> <p>3. Dividend Income \$ _____</p> <p>4. Alimony \$ _____</p> <p>5. Unemployment Benefits \$ _____</p> <p>6. Help from another \$ _____</p> <p>7. Self-Employed Income \$ _____ (please attach financial statement for past 12 months)</p> <p>8. Other Income (please specify) _____ \$ _____</p> <p>TOTAL INCOME \$ _____</p>	<p>1. Child Support Received for all Children \$ _____</p> <p>2. Aid to Families with Dependent Children (AFDC) \$ _____</p> <p>3. Social Security/Pension Benefits \$ _____</p> <p>4. SSI (Supplemental Security Income) \$ _____</p> <p>5. Food Stamp Benefits \$ _____</p> <p>6. Workers' Compensation \$ _____</p> <p>7. Student Loans, Grants or Scholarships \$ _____</p> <p>8. Free or Reduced Lunch Free _____ Reduced _____</p> <p>9. Veteran's Services (State or Federal) \$ _____</p> <p>10. Trust Funds, Annuities, or Settlements \$ _____</p> <p>TOTAL INCOME \$ _____</p>

I verify that all information contained in this application is accurate and true to the best of my knowledge and that this application reflects my household's true total income. I understand that I am required to notify LSSE immediately of any changes that increase my total household income.

Signature	Date
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