



Financial Assistance Form

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Activity Guide Session: (circle one) Winter Summer Spring Fall

Child's Name	Birth Date	Class/Activity Name	Activity Number	Fee	Office Use Only

Income information:

Total Yearly Family Income (include child support if applicable):

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$20,147 | <input type="checkbox"/> \$20,148 - \$27,214 | <input type="checkbox"/> \$27,215 - \$34,281 |
| <input type="checkbox"/> \$34,282 - \$41,348 | <input type="checkbox"/> \$41,349 - \$48,415 | <input type="checkbox"/> \$48,416 - \$55,482 |
| <input type="checkbox"/> \$55,483 - \$62,549 | <input type="checkbox"/> \$62,550 - \$69,616 | <input type="checkbox"/> Over \$69,617 |

The City of Hillsboro reserves the right to request a copy of the most recent 1040 Income Tax Form or equivalent information (WIC, Oregon Health Plan, Free or Reduced Lunch Application Acceptance letter, etc.) to verify income.

Number of children living in the household: _____ Number of adults in household: _____

Does applicant/participant receive financial assistance from another organization? Yes No

If YES, what organization? _____

Does applicant/participant qualify for the Federal Free or Reduced Lunch Program? Yes No

Other information you would like us to know regarding your application (i.e. medical bills; complete lack of income; foster children; etc.): _____

I certify that all information provided on this form is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial assistance; that City officials may verify information on this form; and that deliberate misrepresentation of the information on this form may subject me to prosecution under applicable laws.

Signature: _____ Date: _____