



Mesa Parks, Recreation and Community Facilities Department
Fee Assistance Application

Parent/Guardian FULL Name _____

Street Address _____
(must be same address as on verification letter)

City _____ State Arizona Zip Code _____

Phone #1 (required) _____ Phone #2 _____

E-Mail Address _____

Total number of household family members: _____

Please list full name of all household members below (attach additional page if necessary):

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

Name _____ DOB _____ Gender _____

I certify that all the information submitted is true and correct, and all names listed are family members residing in my home:

Signature of Parent/Guardian (Full Name)

Date

Verification with current date:

- Letter from MPS Food Services
- WIC verification
- Unemployment verification
- AHCCCS verification

Maricopa County Low-Income Guidelines
(Official Use Only)

Family Size	Income
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

Documents verified by: _____ Date: _____