



Financial Aid Program Application

*Please fully complete this application and return to the City of Milton P&R Department.
2006 Heritage Walk, Milton, Ga 30004*

-Or-

Email this document to: financialaid@miltonga.gov

Applications must be fully completed, and all required documentation attached in order to receive consideration. Applicant must be a resident of the City of Milton.

Applicant's Name (Adult 18+) _____ Spouse's Name _____

Street Address _____ Apt # _____ City _____ Zip Code _____

Spouse's Primary Phone _____ Secondary Phone _____

Email _____

Spouse's Primary Phone _____ Secondary Phone _____

Please use one line per program, per session, per participant. Additional forms are available.

Participant Name (Age 17 & under)	Date of Birth	Activity Name	Session/Date	Registration Fee
				\$
				\$
				\$
				\$

Applicant's Employer _____

Applicant's Monthly Gross Income \$ _____

Spouse's Employer _____

Spouse's Monthly Gross Income _____

of dependents in household (including Applicant) _____

Required Documentation (Staff ONLY)	
<input type="checkbox"/>	Residency Verification
<input type="checkbox"/>	Income Verification
<input type="checkbox"/>	Dependency Verification
<input type="checkbox"/>	Hardship Affidavit (Notarized)
<input type="checkbox"/>	Other:

I certify that all information in this application is true and correct and that city officials may verify the information given. All information will be confidential and used only for the purpose of establishing eligibility. I also have read and understand the attached policy. **By my signature below, I also voluntarily agree to release that financial information required by the financial aid program policy to City of Milton staff for its review, consideration, and retention.**

Signature of Applicant

Date

Office Use Only		
Reviewed by (print): _____	Signature: _____	Date: _____
Approved: _____	Denied: _____	If denied, indicate reason: _____
Total Amount Waived: _____	Financial Aid Expires: _____	

City of Milton Parks & Recreation

Financial Aid Program

POLICY STATEMENT:

This Policy is intended to establish the terms and conditions of a financial aid program that will assist the children or dependents of economically-challenged families with registration fees for City of Milton Parks and Recreation Department ("City") programming. The City of Milton desires that its Park and Recreation programming opportunities be made available to the widest number of citizens, and believes that in providing a modest amount of registration fee assistance to those households meeting certain financial criteria, the City of Milton receives a direct and substantial benefit by way of ensuring more diverse, inclusive, and comprehensive participation. To be qualified to participate in the program, and receive a full or complete registration fee waiver, a parent or guardian must complete the application form and attach all required documentation for each participant. The criteria for eligibility and the application process are listed below.

CRITERIA FOR ELIGIBILITY:

The criteria for eligibility in the financial aid program are as follows:

1. The applicant must reside within the boundaries of the City of Milton, Georgia.
2. The applicant's child/children/dependent(s) must qualify for the Fulton County School lunch program (full or reduced); or,
3. If the applicant's child/children are not involved in the Fulton County School lunch program, the applicant's TOTAL monthly household income must meet current Federal Poverty Guidelines. The City reserves the right to adjust income guidelines or reduce the allotted amount per child as deemed necessary and without notice.
4. The financial aid program applies only to school-age children (age 17 and under). Adults (18+) are not eligible to enroll in programs under the financial aid program. The following chart identifies the income thresholds (per household) to warrant eligibility for this financial aid program. The City of Milton reserves the right to amend this financial criteria.

Persons in Family	Federal Income Chart (Annual gross income)	Federal Income Chart (Monthly gross Income)
1	\$23,828	\$1,986
2	\$32,227	\$2,686
3	\$40,626	\$3,386
4	\$49,025	\$4,086
5	\$57,424	\$4,786
6	\$65,823	\$5,486
7	\$74,222	\$6,186
8	\$82,621	\$6,886
For each additional person, add \$8,399 (annual)		

APPLICATION PROCESS:

The Department Director shall designate an employee to oversee the financial aid program (the "overseeing employee"). The overseeing employee is responsible to review all applications and required documentation, determine whether the applicant(s) meet the City's eligibility criteria, and either approve or deny the application for financial aid based on the information presented. The employee is responsible to maintain accurate records

of applications, approvals, denials, and lists of approved applications. Those employees involved in the financial aid application process are responsible for maintaining the confidentiality of the applicants information and to store information provided by applicants in a secure location.

The financial aid applicant is responsible to complete and submit all required documentation to the overseeing employee at least five (5) business days prior to the end date of registration. Untimely applications will not be considered. Incomplete applications will not be considered and will be returned to the applicant for corrections and/or completion.

The overseeing employee is responsible to schedule an in-person meeting with financial aid program applicants to review and verify required documentation including but not limited to the following: residency verification, hardship affidavit, income verification, dependency verification, verification of participation in the Fulton County School lunch program, etc. The overseeing employee should communicate findings and an award decision as soon as practicable following the meeting, provided that all documentation was presented to the overseeing employee during the in-person meeting. If additional information is requested of the applicant, the overseeing employee shall allow the applicant a reasonable amount of time to obtain additional documentation, but in no event longer than seven calendar days from the meeting. If the requested additional or supplemental documentation is not received from the applicant within this seven-day timeframe, the application shall be deemed abandoned and automatically denied.

Once a decision on the application has been made, the overseeing employee will sign and date the application where indicated, noting whether the application was approved or denied. If approved, the overseeing employee will note the expiration date on the application. The expiration period shall be the date that is six months after application approval. If denied, the overseeing employee will note the reason for denial of the application. This information will be provided to the applicant in writing (via email or U.S. mail). The overseeing employee shall maintain a list of active financial aid recipients and shall provide this list to other City staff as deemed appropriate for others to carry out their job duties.

If an applicant is approved, the overseeing employee will notify the program provider of financial aid approval. Space in programs is not guaranteed by financial aid approval.

The only fees that may be waived and/or reduced under this financial aid program are registration fees. Supply fees, equipment fees, trainer fees, etc. are not included in the financial aid program.

Applicants may be approved for a maximum allowance of 2 activities per child per six (6) month approval period. Applicants must re-apply for financial aid program every six (6) months.

Misuse or abuse of this financial aid program as determined by the pertinent City staff may result in temporary and/or permanent suspension of financial aid eligibility and removal from any recreation program(s) for which financial aid was received. Examples of misuse or abuse may include but are not limited to: failure to show up for a program without advance notification to the program provider, failure to pay program supply fees (if applicable), misrepresentation of income and/or residency, false representations or material omissions from the application, etc.

Hardship affidavits are executed under penalty of perjury. Providing a false affidavit can result in criminal sanctions. If it is discovered that the information provided by the applicant was altered, false, fabricated, or otherwise misleading or untrue, applicant is responsible for reimbursement of any financial aid funds received and will otherwise be subject to all remedies under law.

WHAT DOCUMENTATION IS REQUIRED?

- 1) Eligibility Verification – If applicant's child/children/dependent(s) qualify for the Fulton County School lunch program (full or reduced), applicant must provide a statement/letter/card from Fulton County Schools confirming such.
- 2) Residency Verification – Applicant must supply proof of residency by submitting one of the following with the application:
 - a) Current letter from Fulton County Housing Authority
 - b) City of Milton property tax receipt
 - c) Current City of Milton utility or sanitation bill with applicant's name
 - d) Current rental lease that lists names of individuals living in household
 - e) Current letter from a state or federally funded agency
 - f) Current Section 8 letter
 - g) Valid driver's license;
 - h) Valid voting identification card
- 3) Income Verification – Applicant may supply verification of income by presenting one of the following with application:
 - a) Current income tax return
 - b) Current W2 forms
 - c) Current pay stubs – Previous two months
 - d) Any other documentation establishing household income that is deemed acceptable in the opinion of the overseeing employee.
- 4) In addition to one of the above, applicants may submit income documentation such as a current statement/letter/card from a local, state or federally funded agency including:
 - a) TANF card
 - b) Section 8
 - c) DFCS
 - d) Social Security
 - e) INS
 - f) Unemployment Office
- 5) Dependency Verification – Applicant must supply proof of dependents by presenting one of the following with application:
 - a) Birth Certificate
 - b) Certificate of Adoption (or other official order of the court)
 - c) Letter of Guardianship (or other official order of the court)
- 6) Hardship Affidavit – Applicant must submit a notarized hardship affidavit with the application

a) Hardship Affidavits are executed under penalty of perjury. Providing false affidavit can result in criminal consequences, including possible incarceration.

7) Other – If the documentation listed in items 1, 2, 3, 4, 5, and 6 is not available, the applicant may submit alternative documentation for consideration. The overseeing employee shall be authorized to determine whether any alternative documentation satisfies the spirit and intent of this financial aid program.



Hardship Affidavit

I, the undersigned, being of sound mind and body, and of the age of majority, do hereby, under seal, make the following sworn statement, with the knowledge that any statement made hereunder is subject to all applicable laws of the State of Georgia, including penalties of perjury:

I am the (circle one, below) of _____ (name of child).

Biological mother | Biological father | Adoptive mother | Adoptive father | Legal guardian

I further swear that my household has a financial hardship that is consistent with Milton's financial aid program policy, and, without assistance under this financial aid program, the children or guardians identified in the application will be unable to participate in the youth programs coordinated by the City of Milton, Parks & Recreation Department.

This _____ day of _____, 20____.

Affiant:

Printed name: _____

Notary Public:

My seal expires: _____