



FINANCIAL AID REQUEST

Site: _____ Program: _____ RecTrac Account #: _____

Primary Guardian: _____

Address: _____ Home Ph: _____

City (Must be city of Las Vegas resident): _____ Zip: _____ Cell Ph: _____

Email Address: _____ Work Ph: _____

Indicate Marital Status: Single Married Separated Divorced Foster/Group Home Domestic Partner

Answer the following questions. For each "yes", provide documentation.

Does any member of your household:

- Work full-time, part-time, or seasonally? (circle all that apply)..... YES NO
- Expect to work for any period during the next year?..... YES NO
- Receive cash for work?..... YES NO
- Live in Public Housing or receive Section 8 rental assistance?..... YES NO
- Receive or expect to receive public assistance (welfare)? YES NO
- Receive or expect to receive unemployment benefits? YES NO
- Receive or expect to receive child support? YES NO
- Receive or expect to receive alimony? YES NO
- Receive or expect to receive Social Security or other retirement benefits?..... YES NO

Print names and requested information for everyone in the household including income. Include the person requesting assistance. Please note: failure to attend a program paid with financial assistance may result in suspension from receiving future financial aid.

First Name	Last Name	Assistance Needed	Relationship	Date of Birth	Age	Monthly Income
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Total: \$						_____

REQUIRED: Copies of the following items are required:

- Proof of residency. Every household must provide proof of city of Las Vegas residency - no exceptions. (Lease or power bill).
- Photo ID (copy of primary and secondary guardian if applicable)
- Monthly income statement for each member of the household working (paycheck stubs, income tax statement, etc.)
Two paycheck stubs if paid bi-weekly; four paycheck stubs if paid weekly
A letter from a Public Housing Authority or copy of a current Section 8 Lease will suffice if it states income.
- Public assistance documents (TANF, snap cards, SS, WIC, unemployment)
- Other income documentation (child support, alimony, etc.)

(Form continues on the back side)



FINANCIAL AID REQUEST

(continued)

Check all the potential programs you plan to supplement with Financial Aid:

- Summer Camp, Adaptive Summer Camp, Rec. Leagues (individual registration), Spring Break Camp, Winter Break Camp, Learn to Swim Classes, Other (please specify), Track Break/Year Round School, Rec. Classes (beginning & intermediate only), Teen Scene, Adaptive Year Round School

Application and all supporting documents must be submitted two weeks prior to start of program. The program under which you are receiving assistance utilizes city of Las Vegas funds. In accordance with the regulations governing the use of these funds, please supply the requested information. This information is confidential and only for use by the public agencies providing funding. Incomplete packets will not be accepted.

APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by law. I/We also understand that false statements or information are grounds for termination of assistance. I consent to verification of this information by the service provider, the city of Las Vegas, or other governmental officials as required. In the event your income changes due to marriage, divorce, births, deaths, promotions, termination, etc., you must provide documentation to that effect and updated income statements in ten (10) business days for financial aid recertification.

Signature of Primary Guardian

Date

Signature of Spouse (if applicable)

Date

STAFF USE ONLY

Date Received:

FORMS SUBMITTED

- Proof of residency (power bill or lease) YES NO
Photo ID (copy of primary and secondary guardian if applicable) YES NO
Paycheck stubs for every member of the household working YES NO
Public assistance documentation (TANF, SNAP Cards, SSI, WIC, unemployment, etc.) YES NO
Other income documentation (alimony, child support, etc.) YES NO
Verified total monthly household income \$

Site and program staff that received and verified documentation: Date:

PCPS Recommendation: Approve Deny % \$ CAP FY FY \$Amount \$Amount

Reason if denied:

Authorized by Name/Signature of PCPS: Ext: Date:

FOR FINANCIAL AID STAFF USE ONLY

Financial Aid Staff name: Date:

Funding and percentage entered in RecTrac: YES Date: