

Veterans Memorial Aquatic Center

City of Evansville



Application For Reduced Rates

General Information

Name: _____ Telephone: _____ Today's Date _____

Address _____ Year you were born: ____ / ____ / ____

City: _____ State: _____ Zip: _____ Gender M F

Household Information

Total Number in your household, including yourself _____ How Many Males? _____ Females? _____

Name & Age of Each Person

Name	Age	Relationship	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Household Type

- Single person (includes those living with unrelated persons—e.g., friends, roommates)
 Two adults; no children in home
 Single parent with children; gender of head of household: Male Female
 Two adults with children in the home
 Blended family (e.g. parents and/or children of more than one family combined)
 Other; please describe: _____

Employment\Income

Please estimate your household's pre-tax income. Like all items on this form, we keep this information entirely confidential.

- | | | |
|---|--|--|
| <input type="checkbox"/> I currently have no income | <input type="checkbox"/> \$1-\$400 per month | <input type="checkbox"/> \$401-\$800 per month |
| <input type="checkbox"/> \$801-\$1,200 per month | <input type="checkbox"/> \$1,201-\$1,600 per month | <input type="checkbox"/> \$1,601-\$2,000 per month |
| <input type="checkbox"/> \$2,001-\$2,400 per month | <input type="checkbox"/> \$2,401-\$2,800 per month | <input type="checkbox"/> \$2,801-\$3,200 per month |
| <input type="checkbox"/> \$3,201-\$3,600 per month | <input type="checkbox"/> \$3,601-\$4,000 per month | <input type="checkbox"/> Above \$4,000 per month |

Are you employed? Yes No Employer Phone Number _____

If you have any income, please check which of the following kinds of income you receive. Please check all that apply.

- | | | | | |
|------------------------------------|--|----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Job Wages | <input type="checkbox"/> Unemployment | <input type="checkbox"/> W-2 | <input type="checkbox"/> SSI | <input type="checkbox"/> Soc. Security |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony | <input type="checkbox"/> Other: _____ | |

Proof of Residency\Monthly Income

Please bring proof of residency when returning the application. (Water & Light Bill\Doctor Bill\Rent Receipt\Phone Bill\Gas Bill) Any (one) of these that would have your current home address printed on it. Please provide proof of monthly income to verify the income level checked in the Employment\Income section above.

I affirm that the above information is true and accurate and that all income is reported. I authorize the City of Evansville to verify this information. I understand that this information will be handled with complete confidentiality and professionalism.

Applicants Signature _____ Date _____