



## Hearts for Parks

### Gene Ahner Activity Assistance Fund

### Application Form

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name \_\_\_\_\_  
LAST FIRST

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**CHILDREN (S) INFORMATION**

Last Name, First	DOB	Grade	Last Name, First	DOB	Grade
1.			4.		
2.			5.		
3.			6.		

**HOUSEHOLD MEMBERS AND ANNUAL INCOME**

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name, First	Total Household Annual Income
1.	\$
2.	\$
3.	\$

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on District programs and officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

\_\_\_\_\_  
 Signature of adult household member completing this form Date

**Office Use Only**

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ HFP Pays \$ \_\_\_\_\_ Parent Owes \$ \_\_\_\_\_