

FEE ASSISTANCE APPLICATION

1800 West Old Shakopee Road
parksrec@BloomingtonMN.gov
952-563-8877 (phone)
952-563-8715 (fax)
MN Relay 711
blm.mn/fee-assist

Date of Application __/__/____

Main Contact Household Information

First Name	Last Name	
Street Address	Apt #	
City	State	Zip Code
Home Phone	Cell Phone	
Email Address		

Household Members

Name	Birthdate	Grade (in Fall)	Relationship to Main Contact Person
(Main Contact Person)			

Income Information

We determine eligibility based on the forms you submit. Please select which documents you are providing. You must provide *either* one from List A, *or* one from List B *and* List C.

List A	List B	List C
<input type="checkbox"/> Current School Year Education Benefits Approval Letter	<input type="checkbox"/> County financial assistance (SNAP or Medical Assistance)	<input type="checkbox"/> Dated letter of termination from employment
<input type="checkbox"/> Federal Tax Return from previous year plus two past months of income	<input type="checkbox"/> Income based on Social Security (Disability or Supplemental; Retirement Benefits do not qualify)	<input type="checkbox"/> Letter from Guardian Ad Litem working with the family
	<input type="checkbox"/> Pay stubs from past three months of income	<input type="checkbox"/> Adopted or foster children documentation
	<input type="checkbox"/> Bank statement showing three months of income source	<input type="checkbox"/> Written letter explaining special financial circumstances
	<input type="checkbox"/> Child support income and alimony payments	
	<input type="checkbox"/> Unemployment statement	
Total Monthly Income \$_____		

I certify that this information is true and correct.

SIGNATURE of Main Contact Person _____ Date __/__/____