



REQUEST FOR SWIMMING POOL FEE REDUCTION

*Fee Reductions apply **ONLY** to Arlington County Residents*

Name of Applicant: _____ DOB: _____

Address: _____ Arlington, VA Zip Code: _____

Home Phone: _____ Work/Cell: _____ Email: _____

Total Annual Household Income: _____ Household Size _____

A. To verify household income, please attach a copy of at least one supporting document , when you are submitting this form (Please check official document you are presenting with this application).

Arlington Public Schools (APS) letter of acceptance for reduced or free lunch program

Department of Human Services (DHS) Woman, Infant and Children Program (WIC),
Temporary Assistance to Needy Families (TANF) or Food Stamps

Tax Returns for the previous year

Financial Assessment conducted by DHS _____ DHS Initials

B. Please list all household members (fee reductions extend to all members of household.)

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

Name: _____ DOB _____

I certify that all the information on this application is true and correct, and that I have provided proof of identity, Arlington residency, and that ALL household income has been reported, if applicable. Annual income is the total of all pay, allowances, child support, student loans and any other type of financial assistance.

Client Name: _____ **Date:** _____

Client Signature: _____ **Date:** _____

FEE REDUCTIONS, IF APPROVED, ARE VALID FOR ONE YEAR. YOU MUST RE-APPLY ANNUALLY.