



TOWN OF CARRBORO • NC

RECREATION, PARKS &
CULTURAL RESOURCES

Financial Assistance Program

The Financial Assistance Program (FAP) is available for families and individuals who live in Orange County and desire to participate but are unable to pay fees for classes and activities offered by the Recreation, Parks, & Cultural Resources Department.

Each family or individual must meet the eligibility guidelines in order to receive a full fee waiver or reduction membership (25% of the program cost). Complete and submit the application along with the appropriate documentation of income. All families or individuals will be notified of their participation status within one (1) week of submitting the necessary documentation.

In order to receive the waiver or fee reduction, your FAP membership must be approved at the time of registration. Program registrations made prior to approval will not be eligible for retroactive fee waivers or reductions. Once approved, the membership is good for the fiscal year (July through June). Membership includes the opportunity for everyone in the household to participate in six (6) classes or activities per programming session at the discounted rate. Families and individuals can apply for the program any time during the year.

If changes occur to your financial situation prior to the end of your membership period, please notify the Administrative Assistant or the Recreation, Parks, & Cultural Resources Director immediately.

When the membership expires, renewal is needed to continue using the benefits of the program. Annual membership renewal is held in June. Reminder letters and forms will be sent out prior to the membership expiration.

Refunds or cancellations will be based on your discounted rate and the refund timeframe. Memberships can be suspended if participants do not show up for activities. Staff will follow up via phone or email for the first no-show. A formal letter will be sent out for the second no-show. On the third no-show, the membership will be suspended for the remainder of the fiscal year unless written documentation is provided and accepted.

HOW TO REGISTER:

1. Review Income Eligibility Guidelines chart.
2. Complete the [Financial Assistance Program Application](#).
3. Attach all that apply to determine your Annual Gross Income:
 - Previous year’s Federal Income Tax Return
 - Two (2) current pay stubs
 - Unemployment compensation
 - Worker’s compensation
 - Net income from self-owned business
 - Child support/Alimony
 - Supplemental Security Income (SSI)
 - Foster care payments
 - Work First
 - Work study
 - Scholarships
 - Grants
 - Income from estate or trust

Documentation verifying the above income sources is required. When submitting the above documents, a minimum of two (2) different forms of documentation are needed.

Important Note:

If you receive any of the following benefits, then only one document is required:

Eligibility/Currently Receive:	Information/Documentation Required:
Chapel Hill Public Housing Resident	Provide complete address of public housing residence on application
Financial Support from School System	Verification letter signed by school social worker to include the names of all household members and annual income
Supplemental Nutrition Assistance Program (SNAP) Medicaid Work First	Orange County Department of Social Services approval letter

We may accept alternative documentation. Please speak with the Administrative Assistant or Recreation, Parks, & Cultural Resources Director about other possibilities.

4. Submit your application and documentation to the Administrative Assistant or Recreation, Parks, & Cultural Resources Director, Carrboro Recreation, Parks, & Cultural Resources Department, 100 N. Greensboro St., Carrboro, NC 27510.

PLEASE NOTE: All information provided on the application will remain confidential.

Financial Assistance Program (FAP) Application

Name(s) of Household Members	Date of Birth	Annual Gross Income*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

* See previous page for Annual Gross Income information

Comments:

Head of Household Name (Please Print)

Phone Number

Street Address

City State Zip Code

Email Address

I certify that all the information on this application is accurate to the best of my knowledge and that all income is reported.

Head of Household Signature

Date

Approved: _____

Denied: _____ Reason: _____

Administrative Assistant Signature

Date

Director Signature

Date