

City of Manchester Parks and Recreation Financial Assistance Policy

This policy is designed to provide financial assistance to any resident who cannot afford to pay for designated recreational activities involving a fee through the City of Manchester Parks and Recreation Department. This does not include pavilion, facility rentals, or (specified) programs.

- I. The following guidelines will be used to determine eligibility:
 - A. An adult applicant must provide proof of eligibility (most recent tax return, verification from other qualifying agencies, i.e. Manchester Housing Authority, Social Security Adm., etc.)
 - B. Applicant must have filled out the proper form required by the Manchester Parks and Recreation Department, be approved and accepted before becoming eligible.
 - C. Participants must have photo identification upon request for verification.
 - D. **This Financial Assistance Program is a privilege offered by Manchester Parks and Recreation.** All individuals receiving financial assistance through this program shall follow all rules and regulations of the Manchester Parks and Recreation Department, Manchester City Code, and Tennessee state statutes. If any individual violates such rules, regulations, Code and/or statute, the City reserves the right to suspend such individual's financial assistance pursuant to the Manchester Parks and Recreation Disciplinary Policy.

- II. Procedure for Requesting Assistance
 - A. Applicant must apply for assistance through The Manchester Parks and Recreation Department. Applications will be available at the Parks and Recreation office at 557 North Woodland Street. It would, however, legally be a part of public record and could be requested by others under existing state law.
 - B. **Applicants will be certified on an annual basis. Recertification date will be September of each year.**
 - C. All families who meet the adult financial assistance eligibility requirements will be given a 50% discount on designated activities.
 - D. All families who meet the assistance eligibility requirements will be given a 50% off memberships.
 - E. We try to review applications each month. Please be patient, we will process them as soon as possible. Discount cards will be issued to those who qualify, failure to show cards to front desk prior to transaction will result in paying full price. **NO EXCEPTIONS!**
 - F. Any questions please call 931-728-0273

Financial Assistance Request Form

Please Print all Information

Minor Information (18 and under, still in school)

First Name	Mid. Int.	Last Name	Age	Date of Birth	M/F	School	Grade

Child(ren)'s Address _____
 (NO P.O. Box#'s) House/Apt. # Street City Zip

Parent/Guardian: _____
 First Middle Last

Address _____
 (NO P.O. Box#'s) House/Apt. # Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Federal Poverty Guidelines for FFY 2017

Size of Family Unit	Poverty Guidelines	110 Percent
1	12,060	13,266
2	16,240	17,864
3	20,420	22,462
4	24,600	26,500
5	28,780	31,658
6	32,960	36,256
7	37,140	40,854
8	41,320	45,452

Adult #1 Information

Name: _____ Date of Birth _____ Male _____
 First Middle Last Female _____

Address _____
(NO P.O. Box#'s) House/Apt. # Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Adult Verification Release

I, _____, hereby authorize the City of Manchester Parks and Recreation Department to verify eligibility for financial assistance. I also hereby release the City of Manchester from liability associated with the gathering, use, and/or release of any information relative to my eligibility for financial assistance. I understand that any information possessed by the City of Manchester and/or Manchester Parks and Recreation Department is public record under the Tennessee Public Records Law.

Signature _____ Date _____

Adult #2 Information (must live in same household as above Adult #1)

Name: _____ Date of Birth _____ Male _____
 First Middle Last Female _____

Address _____
(NO P.O. Box#'s) House/Apt. # Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Adult Verification Release

I, _____, hereby authorize the City of Manchester Parks and Recreation Department to verify eligibility for financial assistance. I also hereby release the City of Manchester from liability associated with the gathering, use, and/or release of any information relative to my eligibility for financial assistance. I understand that any information possessed by the City of Manchester and/or Manchester Parks and Recreation Department is public record under the Tennessee Public Records Law, T.C.A. Section

Signature _____ Date _____

For office use only
____ Approved
____ Denied-Reason _____