

**SOAR (Special Opportunities Available in Recreation):
Reduced Fee Application**

Please fill out the following form. **All** financial information needs to be included for this application to be accepted.

Name of Participant: _____ Age: _____

Address: _____ Phone: _____

Place of Employment (if applies): _____

Parent/Guardian/Staff (if applies): _____

Number of people who reside at the above address: Adults: ____ Children: ____

Monthly Income: Employment: _____
Social Security/Disability: _____
Public Aid: _____
Food Stamps: _____
Other: _____

Current annual gross income reported on last income tax return form: _____

Monthly Expenses:

Rent/Mortgage: _____ Gas/Electricity: _____
Phone (cellular, home): _____ Car Payment: _____
Cable TV: _____ Insurance: _____
Groceries: _____ Entertainment: _____
Other major expenses (list): _____

I certify that all of the above information is true and correct. All income earned is reported. SOAR staff reserve the right to verify the above information.

Signature: _____ Date: _____

OFFICE USE ONLY

Form Received: _____ Actual Fee: _____
Amount Owed: _____ Paid: _____