



**City of Flagstaff
Recreation Services**



**Application for
Reduced User Fee Program**

I am applying for the Reduced User Fee Program and I understand that I will need to show proof of Flagstaff City residency and the services I receive (an eligibility letter from the AZ Department of Economic Security or proof of my annual gross income) listing all eligible family members below.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

First and last name(s) and age of eligible family members applying for Reduced User Fee Programs:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Please check the type of services you receive to be eligible for this program:

- _____ Supplemental Nutrition Assistance Program (formerly Food Stamps)
- _____ Arizona Health Care Cost Containment System (AHCCCS)
- _____ Temporary Assistance to Needy Families (TANF)
- _____ General Assistance (GA)
- _____ Income Guidelines

Please check the type of personal identification and proof of City residency presented with this application:

_____ AZ Driver's License _____ City Utility Bill _____ Other (list type) _____

I hereby certify that all of the above information is true and correct. I understand deliberate misrepresentation will result in permanent denial of eligibility in the Reduced User Fee Program in the future.

Signature of Applicant (participant, parent, or guardian)

Date

For Office Use Only:

Approval Signature: _____

Expiration Date (valid for 12 months): _____

Blue APPROVED stamp must appear in box: