



# Town of Old Orchard Beach, Maine

## Recreation Department

1 Portland Ave.  
OOB, ME 04064

Telephone: (207) 934-0860

Fax: (207) 934-5260

E-Mail: [Jwebber@oobmaine.com](mailto:Jwebber@oobmaine.com)

### FINANCIAL ASSISTANCE CHILD CARE APPLICATION POLICY (REV1MARCH25)

Financial assistance is provided to Old Orchard Beach residents only. This form must be completed and returned In Person to the OOB Rec Office accompanied by each adult's most recent State or Federal income tax return, last pay stub and other requested information. A new application must be completed for each program you are seeking assistance for.

Name of the Adult Requesting Assistance	Home Phone	Work Phone
Street address	City	State
Mailing Address if Different	City	State

**A. LIST BELOW THE NAMES OF ALL CHILDREN WHO RESIDE AT THE ABOVE ADDRESS. YOU MUST PROVIDE THE SOCIAL SECURITY NUMBER AND THE DATE OF BIRTH FOR EACH CHILD.**

1.)	Child's Name	Social Security Number	Date of Birth
2.)	Child's Name	Social Security Number	Date of Birth
3.)	Child's Name	Social Security Number	Date of Birth
4.)	Child's Name	Social Security Number	Date of Birth

**B. INDICATE BELOW WHO YOU ARE REQUESTING ASSISTANCE FOR AND PROGRAM NAME**

If you are requesting assistance for Summer Camp or After School Camp please indicate number of weeks attending.

1.)	Child's Name	Age	Grade	School Attending	Program
2.)	Child's Name	Age	Grade	School Attending	Program
3.)	Child's Name	Age	Grade	School Attending	Program
4.)	Child's Name	Age	Grade	School Attending	Program

**C. FINANCIAL INFORMATION THAT MUST BE PROVIDED ON ALL ADULTS IN THE HOUSEHOLD**

You must list each adult who lives at this residence and provide the requested information. Failure to include all information for this section will result in your application being denied.

1.)	Name of Adult	Name of Employer	Employer's phone #	Hourly Wage	Weekly Net Pay
2.)	Name of Adult	Name of Employer	Employer's phone #	Hourly Wage	Weekly Net Pay



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### INCOME DETERMINATION WORKSHEET (REV1MARCH25)

Applicant is required to fill out this work sheet completely and provide all required documentation.

<b>Gross Income</b>	<i>Copy of Income Tax Return Required</i>	<b>A.</b>	\$
<b>Income Adjustments (Total to be added to Gross Income to determine Adjusted Gross Income)</b>			
<b>1.) Social Security</b>	<i>Documentation Required</i>		\$
<b>2.) Alimony</b>	<i>Documentation Required</i>		\$
<b>3.) Child Support</b>	<i>Documentation Required</i>		\$
<b>4.) Welfare</b>	<i>Documentation Required</i>		\$
<b>5.) Pension</b>	<i>Documentation Required</i>		\$
<b>6.) Other</b>	<i>Documentation Required</i>		\$
<b>Total of all Income Adjustments (add lines 1-6 above)</b>		<b>B.</b>	\$
<b>ADJUSTED GROSS INCOME (add A + B)</b>		<b>C.</b>	\$

<b>Allowable Income Expenses (Total to be deducted from Gross Income to determine Net Income)</b>				
	2 Member Family	3 Member Family	4+ Member Family	
<b>1. Mortgage/Rent</b>	<i>Documentation Required</i>			\$
	<i>\$1666.00/month</i>	<i>\$2138.00/month</i>	<i>\$2616.00/month</i>	
<b>2. Groceries</b>	<i>Documentation Required</i>			\$
	<i>\$536.00/month</i>	<i>\$768.00/month</i>	<i>\$975.00/month</i>	
<b>3. Electricity</b>	<i>Documentation Required</i>			\$
	<i>\$146.00/month</i>	<i>\$170.00/month</i>	<i>\$198.50/month</i>	
<b>4. Vehicle Payments</b>	<i>Documentation Required (Monthly Maximum \$300.00)</i>			\$
<b>5. Home/Vehicle Insurance</b>	<i>Documentation Required (Monthly Maximum \$150.00)</i>			\$
<b>6. Home Heating</b>	<i>Documentation Required (Monthly Maximum of \$367.25)</i>			\$
<b>Total of Allowable Income Expenses (ad lines 1-7 above)</b>				<b>D.</b> \$
<b>NET INCOME (subtract C-D) (Amount to be used for Fee Waiver Determination E.</b>				\$

I certify that all of the information provided is true and that I am responsible to notify Old Orchard Beach Recreation of any change of family or financial status immediately should they occur. I understand that this completed form will be used solely for the purpose of determining financial assistance. I authorize a representative from the Old Orchard Beach Recreation Department to contact city/state welfare and other officials to determine the accuracy of my financial situation. I understand that failure to provide true and accurate information or the falsification of documents will disqualify me from the Financial Assistance Program.

\_\_\_\_\_  
Signature of Adult Requesting Assistance

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED APPLICATION WITH YOUR MOST RECENT STATE OR FEDERAL INCOME TAX RETURN, AND OTHER REQUIRED DOCUMENTATION.**



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### FINANCIAL ASSISTANCE CHILD CARE APPLICATION POLICY (REV1MARCH25)

#### Program Registration Forms WILL NOT BE accepted with Financial Assistance Applications

1. In accordance with Recreation Director Policies of 10/24/2017, the following procedure will be followed in the disbursement of fee Waivers for our programs.
2. The Parent/Legal Guardian applying for financial assistance must be a Old Orchard Beach resident and must be employed.
3. The total amount of Fee Waivers the Department is authorized to award cannot exceed 6% of the Recreation Department's budgeted revenues for the fiscal year.
  - a. Half of this amount shall be reserved for programs running during the school year with the other half being reserved for programs running in the summer.
  - b. Fee Waiver awards will be given out based on highest qualifying need first.
    1. Awards will first be given out to applicants applying for an entire program length (i.e. all weeks of Summer Camp) starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications are received, as funds allow.
    - n. Awards will next be given to applicants applying for partial program lengths starting with those that qualify for the 75% level and working down to the 50 and 25 percent levels progressively; awarded in the order those applications received, if funds allow.
  - c. If an applicant was previously awarded a fee waiver award and did not use at least 50% of that award, they are not eligible for the next fee waiver application period.
4. Contractual Programs or Programs with fees less than \$55.00 are not eligible for the Fee Waiver Program.
5. In order to be considered for a fee waiver or scholarship the Old Orchard Beach Recreation Financial Assistance Application must be filled out completely and have all *mandatory financial information* provided; along with copies of any back up documentation, which must be attached to the application.
6. Failure to complete the Financial Assistance Application completely and provide copies of all necessary documentation will result in a reduced fee waiver entitlement or disqualification from the process.
7. Back up documentation includes, but is not limited to;
  - a. Copy of both parent's (in the household) State or Federal income tax return (MANDATORY)
  - b. Copy of both parent's (in the household) last pay stub (MANDATORY)
  - c. Copies of any bills being declared are optional but are needed for substantiation, such as;
    - i. Mortgage or Rent Statement
    - ii. Electrical Bill
    - iii. Home Heating Oil or Propane Bill
    - iv. Home & Auto Insurance Statement
    - v. Automobile Payment Statement
    - vi. Telephone Bill
8. Your application will be processed within 7 business days from the date it is received.
9. A *Letter of Determination* will be issued from the Recreation Director based on the forms' completion and attached documentation. This Letter of Determination will be emailed to the applicant requesting the financial assistance. If awarded a fee waiver a Fee Waiver Payment Plan Breakdown will be included with the letter.
10. The *Fee Waiver Payment Plan Breakdown* form created by the department will show the payment schedule and amounts due. Please review and sign this form.
11. *To complete the registration process* you must return the Fee Waiver Payment Plan Break down form to the Recreation Department; *in person*, with the first payment *along with* the appropriate Program Registration forms for the participant(s).
12. Your child *will not be included in the program* until the registration procedure has been completed.
13. Failure to keep current with the agreed upon Fee Waiver Payment Plan Breakdown will result in the removal of the participant(s) from the program until the payment plan has been brought up to date.
14. Changes and/or updates to this policy may be made at any time and without notice by the Town of Old Orchard Beach.
15. Please attach any documentation of any unusual or emergency situation (i.e. loss of home, to fire or flood, illness or accident etc.) which we may take into consideration.



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2 Member Family	3 Member Family	4 Member Family	5 Member Family	6+ Member Family	%Waiver
\$26,622.00	\$33,561.00	\$40,500.00	\$47,439.00	\$54,378.00	25%
\$24,650.00	\$31,075.00	\$37,500.00	\$43,925.00	\$50,350.00	50%
\$19,956.00	\$25,692.00	\$32,580.00	\$39,984.00	\$40,884.00	75%

**\*\* Yearly Income**

\*\* Figures are derivatives of 100% of Poverty for twelve months, as promulgated by the US Dept. of Health & Human Services (DHHS) and based on HUD Median Income and State of Maine Maximums for Financial Assistance as published by the Maine State Housing Authority.