

Rio Rancho Public Schools
 S.A.F.E. Before and After School Program
 Application for Reduced Fee Adjustment
 2009-2010

The S.A.F.E. Before and After School Program would like to offer to parents an opportunity to possibly receive a reduced fee adjustment for their children who are enrolled in the S.A.F.E. Before and After School Program. Please fill out the attached application and provide all required documents as stated for proof of income.

If you are not eligible for a fee reduction at this time, please reapply if your financial circumstances or family size should change during the school year.

Children may qualify for a fee adjustment if your household income falls within the guidelines on this chart:

Income Chart for School Year 2009-2010

Household Size	2008 Federal Tax Adjusted Gross Income	Monthly Earnings	Weekly Earnings
2	\$25,900	\$2,159	\$499
3	\$32,560	\$2,714	\$627
4	\$39,220	\$3,269	\$755
5	\$45,880	\$3,824	\$883
6	\$52,540	\$4,379	\$1,011
7	\$59,200	\$4,934	\$1,139
8	\$65,860	\$5,489	\$1,267

Please provide the following required documents as proof of income:

Copy of 2008 Federal Income Tax Return

or

Employment Wage Stubs (2 months – may be required to provide additional if necessary)

or

Unemployment Benefit Statement

and/or

Food Stamp and/or Government Assistance

You may be asked to provide additional information to the S.A.F.E. Before and After School Program. If the information is not provided, your application will not be processed.

If you have any questions, please contact Rey Cordova, Program Manager, at the S.A.F.E. Before and After School Program District Office at 896-0667, extension 209.



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Student Name: _____
 School Name: _____

Parent Name: _____
 Date: _____

Names of Members In Household	Grade (if applicable)	Food Stamp Case Number

2008 Federal Tax Adjusted Gross Income: \$ _____
 Child Support/ Alimony \$ _____
 Unemployment Benefits \$ _____
 Government Assistance
 (i.e. food stamps, unemployment, welfare) \$ _____
 Other Income \$ _____

I certify that all information on this application is true and that all income is reported. I understand that the S.A.F.E. Program will use this information as a guideline to qualify for a possible reduced fee adjustment for their program. I understand that I will have to pay the full fee amount until this application is approved. If my application is approved, the excess fee amount will be carried over to my next nine week payment. I also understand that the S.A.F.E. Program will verify the above information and that if I intentionally provide false information, any reduced fee adjustment will be discontinued and I will be required to pay back, in a reasonable amount of time, any discount I may have received before verification.

 Signature of Parent/Guardian

_____-_____-_____
 Parent/Guardian Social Security Number

 Name (please print)

_____-_____-_____
 Home Telephone

_____-_____-_____
 Cell Phone

 Street Address

 City

 State

 Zip