

# Fee Assistance Application

[wilmingtonrecreation.com](http://wilmingtonrecreation.com) / 910.341.7855



The City of Wilmington Parks and Recreation Department offers fee assistance for City of Wilmington residents – for certain recreation services and programs – who meet maximum household income levels based on family size. To receive fee assistance, you must be approved before registering for a program.

## Who is eligible for fee assistance?

Fee assistance is available for Wilmington residents whose total household annual gross income does not exceed the income specified below. Family members are eligible for financial assistance if they are listed as dependents of the qualifying individual on the income tax return submitted with application. Residents who receive the following are also eligible for assistance:

- SSI/SSDI/Pension Support
- Medicaid
- Subsidized housing

## Household Income Eligibility as of June 1, 2025

FAMILY SIZE	YEARLY INCOME	FAMILY SIZE	YEARLY INCOME
1	\$60,700	5	\$93,600
2	\$69,350	6	\$100,550
3	\$78,000	7	\$107,450
4	\$86,650	8	\$114,400

## How much fee assistance is provided?

Qualifying individuals and families receive up to 50% off the advertised program cost.

## What IS covered by fee assistance?

Camps  
Clinics  
Youth Leagues  
Afterschool programs  
All other programs not on the excluded list

## What IS NOT covered by fee assistance?

Programs less than \$10  
Facility Memberships  
Rentals / Reservations  
Permits

## What documents do I have to provide?

1. Completed application
2. Information outlined in Section A or B of application

## How do I submit my application?

*Application and all required materials must be submitted at least 3 weeks prior to the start of registration.*

1. Online
2. Drop off at facility where registering

## How often do I need to apply for fee assistance?

Applications will be accepted and reviewed on a rolling basis throughout the year and will expire June 30<sup>th</sup>. Applications will need to be resubmitted annually beginning July 1<sup>st</sup>. *Example: If an application is submitted and accepted on March 30<sup>th</sup>, that application will be active only until the expiration of June 30<sup>th</sup>; a new application will need to be submitted beginning July 1<sup>st</sup> to be valid for the next year.*

**1. Applicant Information**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

☐

Renewal

☐

New Applicant

**2. List All Persons Living in Household**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

**3. Financial Information**

**COMPLETE SECTION A or B. Incomplete applications will not be processed.** Failure to provide requested documents by the stated deadline may result in application being declined. **Applications will be accepted and reviewed on a rolling basis throughout the year and will expire June 30<sup>th</sup>. Applications will need to be resubmitted annually beginning July 1<sup>st</sup>.**

**SECTION A:** Our family receives public assistance.**Check all that apply.**☐

SSI/SSDI/Pension Support

☐

Medicaid

☐

Subsidized Housing

***Proof of current enrollment is required.*****SECTION B:** Our family does not receive public assistance.**1.** Please provide the following information:

Monthly gross income \$ \_\_\_\_\_

Spouse's monthly gross income \$ \_\_\_\_\_

Other income (child or spousal support, student grants) \$ \_\_\_\_\_

Total family income in the past year \$ \_\_\_\_\_

**2.** Additional information concerning your financial situation:\_\_\_\_\_  
\_\_\_\_\_

***You must provide a copy of your last tax return (or a verification of non-filing letter from the IRS) and your last two pay stubs.***

**4. Certification**

I certify this information is true and complete to the best of my knowledge. I grant permission to the Parks & Recreation Department to verify this information. I understand omission, misstatements, and falsification may result in application being denied. I agree to notify the Parks & Recreation Department if my financial status changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Staff Use Only**Date Received \_\_\_\_\_ Received By \_\_\_\_\_ ☐ Approved ☐ Denied

Approval Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Reason Denied \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_