Fee Assistance Application

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 May 1, 2026*

FAMILY SIZE	YEARLY INCOME	FAMILY SIZE	YEARLY INCOME
1	$61,150	5	$94,350
2	$69,900	6	$101,350
3	$78,650	7	$108,350
4	$87,3580	8	$115,350

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, except for annual Fit For Fun membership passes
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 30th. Applications will need to be resubmitted annually beginning July 1st. *Example: If an application is submitted and accepted on March 30th, that application will be active only until the expiration of June 30th; a new application will need to be submitted beginning July 1st 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 30th. Applications will need to be resubmitted annually beginning July 1st.**

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** _____

Sta Use Only

Date Received _____ Received By _____ ☐ Approved ☐ Denied

Approval Date_____ Expiration Date_____

Reason Denied

_____

_____