



**REQUEST FOR SWIMMING POOL FEE REDUCTION**

*Fee Reductions apply **ONLY** to Arlington County Residents*

Name of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Arlington, VA Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Total Annual Household Income: \_\_\_\_\_ Household Size \_\_\_\_\_

**A. To verify household income, please attach a copy of at least one supporting document , when you are submitting this form (Please check official document you are presenting with this application).**

Department of Human Services (DHS) Woman, Infant and Children Program (WIC),  
Temporary Assistance to Needy Families (TANF) or Food Stamps

Tax Returns for the previous year

Financial Assessment conducted by DHS \_\_\_\_\_ DHS Initials

**B. Please list all household members (fee reductions extend to all members of household.)**

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

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

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

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

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

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

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

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

**I certify that all the information on this application is true and correct, and that I have provided proof of identity, Arlington residency, and that ALL household income has been reported, if applicable. Annual income is the total of all pay, allowances, child support, student loans and any other type of financial assistance.**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***FEE REDUCTIONS, IF APPROVED, ARE VALID FOR ONE YEAR. YOU MUST RE-APPLY ANNUALLY.***