

Policy Statement

Honesdale Pool Financial Assistance

The Borough of Honesdale has established a financial assistance program to help with youth memberships for the Honesdale Pool.

The Borough of Honesdale requires the families to provide the requested information to determine so it can provide the financial assistance in a fair and consistent manner. This assistance is on a yearly pool membership basis and must be applied for annually.

The assistance will be in lower rates for annual memberships and based upon contributions received from the community, may be free. This would be applicable for all children in the Honesdale area and based upon resident rates of \$40 (ages 3-12) and \$50 (ages 13-17) per child for annual memberships.

The assistance rates will be based upon income and for children is as follows:

To apply, you must fill out the pool membership form and provide the following information:

- Family size,
- Income
- Show a copy of your last year's Internal Revenue Service Tax Return or a copy of a recent pay stub showing your earnings to date.
- A personal interview may be required

Please submit the forms to the Borough Office (958 Main Street, Honesdale) and allow 2 weeks to process your application.

Borough of Honesdale Pool Assistance Form

Please fill out ALL of the following information and attach the necessary documents (photocopies only) and return to, Borough Office 958 Main Street, Honesdale, PA. 18431. (570) 253 0731.

Please PRINT all information: Date of application: _____

Name _____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Are you a single parent household? _____

List the names (last names, too, if different from applicant) and ages of all persons in the household. Your household includes dependents you claim on your federal income tax returns.

	Name	Age	School / Employer	Birth date
Self				
Spouse				
List all dependents you claim on your Federal Income Tax Return				
1				
2				
3				
4				
5				
6				

Income

Category	Self	Spouse
Gross Monthly		
Child Support / Aid		
Welfare		
Total		

Total Family Income _____

Application Process

After the Borough Council receives the application an appointment may be made to review your paperwork. From that point you are assigned a case number. Your case and situation are brought to a committee (,no names are shared) they review the situation, the scale determination and the Executive Directors' recommendation. Once a decision is agreed upon you will be notified by phone and letter in the mail. A Financial Assistance agreement for membership is good for one year.

Verification

I verify that all the information submitted is correct, complete and accurate.

Printed Name of Applicant

Signature of Applicant

Date

For Borough Use

Date Forms received _____

By _____

Received

Membership Form _____

Pool Assistance Form _____

Financial info shown _____

Committee

Data Reviewed by _____

Date of Review _____

Results _____

Fee _____ (percentage based on CDBG levels for family size.Fee is ¼, ½, ¾)

Paid _____

Signature: _____

**BOROUGH OF HONESDALE
PARKS AND RECREATION
POOL MEMBERSHIP APPLICATION**

OFFICE USE: Entered By: _____ Amount Paid: _____ Date: _____ Method: ___ Cash ___ Check # _____

TYPE OF MEMBERSHIP DESIRED:

_____ **INDIVIDUAL (age 3 to 60)** _____ **Senior (age 60 or older)** _____ **Family Pass ***

*** Family Pass allows for adults, age 18 or over plus children living at the same address.
Each additional child (no maximum, but all members must live at the same address.)**

Please note: All children under the age of 3 MUST wear an approved swim diaper.

ADULT CONTACT: _____ **PHONE:** _____
ADDRESS: _____

NAME: _____	Age _____	DOB Required _____ / _____ / _____
NAME: _____	Age _____	DOB Required _____ / _____ / _____
NAME: _____	Age _____	DOB Required _____ / _____ / _____
NAME: _____	Age _____	DOB Required _____ / _____ / _____
Add'l Child (Add \$20): _____	Age _____	DOB Required _____ / _____ / _____
Add'l Child (Add \$20): _____	Age _____	DOB Required _____ / _____ / _____
Add'l Child (Add \$20): _____	Age _____	DOB Required _____ / _____ / _____
Add'l Child (Add \$20): _____	Age _____	DOB Required _____ / _____ / _____

Please make us aware of any medical problems, allergies, etc., that you or members listed above may have.

Name: _____	Note: _____
Name: _____	Note: _____
Name: _____	Note: _____
Name: _____	Note: _____

EMERGENCY CONTACT: (Please complete this essential information)

Name: _____ **Phone:** _____ **Alt Phone:** _____
ADDRESS: _____ **Relationship:** _____

I hereby apply for a season membership to the Borough of Honesdale Swimming Pool for the current season. I hereby release the Borough of Honesdale and/or their respective heirs, assigns, and employees from any liability due to personal or property injury resulting from my or my family's use of the pool facilities and amenities.

I agree that season membership passes are not transferable and non-refundable. I have read the attached pool rules and I acknowledge that membership privileges may be suspended or revoked for violations of rules and regulations, or for falsification on this application.

ADULT SIGNATURE

DATE

