



Library and Recreation Department Fee Assistance Application FY 2020/21

If you need assistance completing the Fee Assistance Application or need more information, please call (925) 931-5340.

CONFIDENTIAL INFORMATION

Date: _____

Individual

Household (Two or more in family)

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

List all family members:

NAME	DOB	NAME	DOB

Proof of Residency _____

Proof of Additional Assistance: _____

Signature

Date

Qualified applicants will be considered without regard to race, color, national origin, gender, age, medical condition, marital status, or religious belief.

In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the Library and Recreation Department with advance notice and every attempt will be made to consider your request.

FOR OFFICE USE ONLY

Approved By _____ Date _____

WB _____ PM _____ PPS _____ Notified _____