



Town of North Hempstead  
**REDUCED FEE PROGRAM APPLICATION**

**PLEASE COMPLETE ALL FIELDS**

**APPLYING FOR:**     Self Only     Household     Children under 18 only

Name \_\_\_\_\_ Facility (check one): Manorhaven Whitney Pond

Date of Birth \_\_\_\_\_ Gender (optional) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and contact information of person assisting with application, if applicable

**Additional household members applying for program:**

	Name	Date of Birth	Relationship	Gender
1.				
2.				
3.				
4.				
5.				

**VERIFICATION – Please attach to application**

**Income** (select one)

- Free/Reduced Lunch Letter
- SNAP Supplemental Nutrition Assistance Letter
- Current Proof of Federal or State Assistance Program
- Most Recent Tax Return (Total Household Income)

**AND Residency** (select one)

- Free/Reduced Lunch Letter
- SNAP Supplemental Nutrition Assistance Letter
- Current Utility Bill (Gas, Electric, Water, Cable, or Telephone)
- Two (2) Pieces of Mail with Your Name and Address

**AND Identification**

- State or Federal Government issued Identification (i.e., Driver's License, Non-Driver's ID, Passport)  
(applicants 18 + must provide)

*Visit (website) for specific documents accepted*

I verify the information stated on this application is true and complete to the best of my knowledge, and if for any reason the information provided is incomplete or untrue, this will result in a disqualification of consideration of the program. If there are any changes to either my individual or household income, I agree to notify the Town of North Hempstead and its respective entities of this program immediately.

Primary Applicant Signature (Required)

Date

<b>TO BE COMPLETED BY TONH STAFF ONLY</b>			
Date application received _____	Date application was processed _____	Staff Initial _____	
Application Approved _____	Application Denial _____	Follow Up Required _____	