



Santee Lakes Recreation Preserve Cabins Financial Assistance Application

Policy Statement: Santee Lakes Cabins will be available to all persons regardless of age, sex ethnic origin, or religious affiliation.

How to apply:

To apply for financial assistance, please complete the following steps:

(If you require assistance completing this form, please come to the General Store.)

Please note: Your application for financial assistance will not be processed unless all forms are submitted and complete.

1. Complete and sign the Financial Assistance Application.
2. Attach copies of the following documents:
 - a. Proof of family income, i.e. two (2) most recent paycheck stubs for all working family members. If you have no paycheck stubs, you must submit a signed document stating your income source and amount.
 - b. Copy of most recently completed tax return or SSI Allocation Statement.
 - c. List appropriate 1st and 2nd choices of reservation dates
3. Financial Assistance only refers to Cabin stay. All other Park fees (entrance, fishing, etc.) are not considered for financial assistance.

Availability: The available dates for Waterfront Cabin rental at a reduced rate are Tuesdays and Wednesdays of the first week of each month (based on availability).

1st Date Choice: _____ 2nd Date Choice: _____ 3rd Date Choice: _____

Please keep in consideration a 2 week review of your application when selecting your dates.

Selection Process: Eligibility for financial assistance will be determined by the Park & Recreation Director or assigned staff, based on a thorough review of the application.

Santee Lakes/Padre Dam Staff, Directors, or Representatives are not responsible for lost applications due to fax or mail error. Hand deliveries/certified mail are recommended.

Personal

Last Name, First Name Middle Initial Date of Birth

Address

City State Zip

Home Phone Work/Cell Phone

Spouse's Name (or other adult(s) in household

Number in household Number of Dependent Children

Employment

Are you currently employed? _____ Length in current position? _____

Employer _____

City where employed _____

Occupation _____

Spouse's (or other adults in household) Employer _____

Occupation _____

Family Income and Expenses

MONTHLY INCOME

Wage, Salaries, and Tips: _____

Unemployment Compensation: _____

Social Security Compensation: _____

Child Support: _____

Aid to Dependent Children: _____

Food Stamps: _____

401K/Retirement Funds: _____

Alimony: _____

Other: _____

TOTAL INCOME: _____

Family Income and Expenses continued

MONTHLY EXPENSES

Rent/Mortgage: _____
Utilities: _____
Food: _____
Clothing: _____
Phone: _____
Car/Insurance: _____
Alimony: _____
Child Support: _____
Loan/Credit Card Payments: _____
Medical: _____
Other: _____

TOTAL INCOME: _____

You must attach last year's Internal Revenue Service Tax Statement and/or your SSI allocation statement to verify your annual earnings. You must also attach two (2) recent pay stubs.

Please state your reason for requesting financial assistance.

I do hereby declare the information on this form is correct. I have enclosed verification of my financial status as requested. I understand that any assistance I may be awarded is confidential and I will not share this information with other guests.

Signature of Applicant

Date

For Office Use Only:

Date Received: _____ Complete: () Yes () No

Staff Initials: _____

Follow up made by: _____ With: _____

Date: _____

Comments: _____

Assistance Granted: () Yes () No

Signature

Date