Library and Recreation Department
Fee Assistance Program
2024-2025 Application

If you need assistance completing this form or need more information, please call (925) 931-5340

CONFIDENTIAL INFORMATION **Date**: _____

Applicant's Name: _____

Address: _____

Phone: _____ **Email:** _____

List all family members (including yourself):

NAME	D.O.B.	NAME	D.O.B.

_____ _____

Signature of Applicant **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

FOR OFFICE USE ONLY

Proof of Residency: _____

Proof of Additional Assistance: _____

Approved By: _____ Date: _____