

RECREATION ACCESS DISCOUNT PROGRAM APPLICATION FY 2023-2024

PLEASE PRINT LEGIBLY

OLO	TION A:	APPLICANT INFORMATION:	
	Parent(s)/Guardi	ian(s):	
	Address:		
		ne:	
	Email Address: _		
	Signature of Ap	oplicant:	_ Date:
SEC	TION B	PARTICIPANT INFORMATION:	
SEC	TION B.	PARTIONAL INITIALITY	
SEC	NAME	TAKTIOIFARTINI OKNIATION.	DOB
SEC		TARTIONARY IN ORMATION.	DOB
SEC		TARTIONARY IN ORMATION.	DOB
SEC		TARTIONARY IN ORMATION.	DOB
	NAME	HOUSEHOLD INFORMATION:	DOB

SECTION D. REQUIRED DOCUMENTATION:

Please provide the each of the following documentation:

- Two forms of proof of Coral Springs residency (last utility bill, last FPL bill, or current residential lease agreement)
- Copy of 2022 federal income tax 1040 form for funding period 10/1/23 to 3/31/24 OR
 Copy of 2023 federal income tax 1040 form for funding period 4/1/24 to 9/30/24
- W-2 forms or documentation of unemployment insurance for each household member.

If you are a person with a disability who needs any accommodation to complete this form, please contact the ADA Coordinator, 9500 West Sample Road, Coral Springs, FL 33065, 954-344-1144.

Approved Form - 3/27/24 RH