

Aspen Recreation Department
110 E. Hallam St., Suite 135
Aspen, Colorado 81611
970-920-5140
970-920-7478 Fax
www.aspenrecreation.com



2020 Financial Aid Application - Adult

Date of Application: _____

Name of Applicant: _____

Applications must be complete for Financial Aid Consideration

Applicant's Information:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Spouse's Information:

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Assistance requested:

Please explain special circumstances or recent changes in employment, family status, income or residence:

In order to be considered for financial aid, we must consider any and all household income, whether or not your family is married, living together, or in any way contributing to household income. Please understand that we may ask for documentation regarding child custody, child support or other factors that affect your household income.

(Over)

Employment: (Please list all employers)

Applicant:

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

Spouse:

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

Estimated Total Household Gross Annual Income

2019 \$ _____

2020 \$ _____

Include any non-work income: Child Support, Social Security, Trust Income, Workers comp, Cash gifts, dividends from stocks or bonds, pensions/retirement, interest on savings, other.

Please show how you calculated your estimated income:

REQUIRED FORMS: (All forms must be attached to complete application)

_____ 2019 Federal Tax Returns (2018 if not yet completed)

_____ Current W-2's from all employers

_____ Current pay stub from all employers

_____ Self-employed – financial statement

_____ State of Colorado Identification Verification and Affidavit

Falsification of any of the above information or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding.

Applicant Signature _____ Date: _____

Affidavit – Provided to Aspen Recreation

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate a separate criminal offense each time a public benefit is fraudulently received.

Signature _____ Date _____

A copy of one of the following forms of identification verification is attached.

_____ Colorado driver's license or identification card;

_____ US military card or military dependent's identification card;

_____ US Coast Guard merchant mariner card; and

_____ Native American tribal documents

Financial Assistance will be awarded within the week of receiving applications.