

If you are Parks Tacoma Staff
submitting on behalf of an
applicant:
Staff Member (please print):

Location:



Calendar Year Applying For: 2025

Financial Assistance Application

Parks Tacoma offers a financial assistance program where individuals and families may request financial assistance each calendar year for scheduled fee-based recreation classes or programs and Community Center memberships.

Eligibility

Households must be residents within the Tacoma City limits according to the City of Tacoma website below (all household members will receive financial assistance) or have children who attend Tacoma Public Schools (only children who attend TPS will receive financial assistance) and meet the qualifying income levels based on the Tacoma, WA HUD Metro FMR Area Income Limits.

Guidelines

- Households include: Immediate family (children, parent, spouse, legal guardian, or grandparent) living in the same household. An adult is anyone who is 19 years of age or older and a household cannot exceed 3 adults. Additional adults living in the same household can apply separately.
- Households must reapply each calendar year to verify continued eligibility.
- Financial assistance must be applied for prior to registering for an activity or signing up for a membership and cannot be applied retroactively.
- Receiving financial assistance does not automatically register you in a program or sign you up for a membership. Once financial assistance is applied to your account, you will need to register and pay the co-payment amount.

Application Process

1. Complete information on both sides of application, sign below and date.
2. Submit form to Parks Tacoma.
 - ✓ Email form to mptfinancialassistance@tacomaparks.com
 - ✓ Drop off at Parks Tacoma Headquarters at 4702 S. 19th St, Tacoma, WA 98405
 - ✓ Drop off at one of Parks Tacoma four community centers (Center at Norpoint, Eastside Community Center, People's Community Center, STAR Center) who can email form to mptfinancialassistance@tacomaparks.com
 - ✓ Mail form to: Parks Tacoma | Attn: Financial Assistance | 4702 S 19th St, Tacoma, WA 98405
3. Once a complete application has been turned in, allow up to 3 business days for processing. You will be notified via email once your financial assistance has been applied to your account.
4. For assistance with the application or questions, call (253) 305-1030.

By signing below, I certify that all information on this application is true and correct. I certify that my address is within the Tacoma City limits (verified on the City of Tacoma website) or my children attend Tacoma Public Schools. I certify that my household meets the Income Eligibility Guidelines stated on this application for my household size. I understand that this information is being given for the purpose of obtaining fee-reduced services and that Parks Tacoma may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I have read and understand all the terms associated with the financial assistance program. I understand this application expires December 31st and renewal is required for subsequent years.

Signature of Adult Household Member

Date

Added to Active Net

Office use only
Staff Initials _____

Date _____

Form Updated February 2025

1. Select how you are applying:

- We live within the Tacoma City limits so all members of my household will receive financial assistance. I have entered my home address into this website, and it is located within one of the Tacoma City Council Districts. https://www.cityoftacoma.org/government/city_council/district_map
- We do not live within the Tacoma City limits but our children attend Tacoma Public Schools so only the children who attend TPS will receive financial assistance.

Name of Child	Name of Tacoma Public School

2. Select which Funding Level (75% or 50%) you qualify for:

- We qualify for 75% funding level because we make equal or less than the annual/monthly income for my/our household size.
- We qualify for 50% funding level because we make equal or less than the annual/monthly income for my/our household size.

Tacoma, WA HUD Metro FMR Area Income Limits

FY 2024 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Annual Income Limit Eligible for 50% Financial Assistance	\$40,550.00	\$46,350.00	\$52,150.00	\$57,900.00	\$62,550.00	\$67,200.00	\$71,800.00	\$76,405.00
Annual Income Limit Eligible for 75% Financial Assistance	\$24,350.00	\$27,800.00	\$31,300.00	\$34,750.00	\$37,550.00	\$41,960.00	\$47,340.00	\$52,750.00

List the Head of the Household

First and Last Name _____ Date of Birth _____
 Street Address, City, Zip Code _____
 Email _____ Phone Number _____
 Emergency Contact First and Last Name _____ Emergency Contact Relationship _____
 Emergency Contact Phone Number _____
 Select Gender: Male Female Non-Binary Gender Queer Transgender Other

List other family members in household that qualify for financial assistance

First Name	Last Name	Date of Birth	Gender					
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other
			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Transgender	<input type="checkbox"/> Other