

Wave Aquatics Fee Assistance Program Information

Wave Aquatics is committed to making access to our pools and programming accessible to all regardless of income.

Application Process and Details

- Each individual meeting eligibility requirements may be awarded a maximum of \$1,000 per year.
- Fee assistance is only awarded to household members named on the application.
- Fee reduction is only applicable to public and swim school programming. It cannot be applied to teams, rentals or private lessons.
- Wave has a limited amount of funding available for fee assistance. Approvals are valid from September 1 of one year through August 31 of the following year (Wave Aquatics' fiscal year) or until funding for fee assistance is no longer available.
- Applicants must reapply each enrollment year to continue receiving assistance.
- Completed application and supporting materials must be returned via email to feeassistance@waveaquatics.org. If you have any questions or difficulties in uploading documents you may contact us at the same email address above and someone will reach out to assist you.
- Please allow up to 2 weeks for processing.
- Approval for fee assistance does **not** guarantee a spot in any programming.
- To have assistance approved, you will need an account on the Wave Customer Portal. If you do not have one, please create one prior to applying. The link to the Customer Portal can be found on the Wave webpage: <https://www.waveaquatics.org/>

Income Eligibility

Eligibility is based on total household income and household size using the chart below:

If your household size is (number of persons)		1	2	3	4	5	6	7	8
You are eligible for a 50% fee reduction	If your Total Annual Income is	\$84,850 or less	\$96,950 or less	\$109,050 or less	\$121,150 or less	\$130,850 or less	\$140,550 or less	\$150,250 or less	\$159,950 or less
You are eligible for a 70% fee reduction	If your Total Annual Income is	\$55,000 or less	\$62,850 or less	\$70,700 or less	\$78,550 or less	\$84,850 or less	\$91,150 or less	\$97,450 or less	\$103,700 or less
You are eligible for a 90% fee reduction	If your Total Annual Income is	\$33,050 or less	\$37,750 or less	\$42,450 or less	\$47,150 or less	\$50,950 or less	\$54,700 or less	\$58,500 or less	\$62,250 or less

Proof of Eligibility

All applicants are required to provide proof of residency and income. Acceptable documents show income (yearly or pay period) and address (does not have to be the same document). Examples of accepted documents include, **but are not limited to:**

- Most recent tax return (Ex: IRS Form 1040), W2, or Paystub
- DSHS Statement or award
- Social Security Benefits statement (SSA-1099/1042S)
- Utility Bill

Please black out any sensitive information like social security numbers, bank account, etc.

If you require an exception, please complete the form along with a written and signed personal statement explaining your circumstances and the exception needed. These will be reviewed and approved on a case-by-case basis.

Wave Aquatics Fee Assistance Program Application

Applicant Information:

First Name:		Last Name:	
Phone Number:		Date of Birth:	
Email Address:			
Home or Address:			

I am applying for assistance at the ☐ Redmond Pool ☐ Juanita Aquatic Center (Choose 1 location).
If you do not live in the 98052 zip code and are applying for assistance at the Redmond Pool, do you work in the 98052 zip code? Y ☐ N ☐ . If Yes, please provide your work address – name of employer and full address below.

Employer Name	
Employer Address:	

Is the email address provided the same one used to create an account on the Customer Portal: Y ☐ N ☐
If no, what is your email address in our Customer Portal? _____

Household Size _____

HOUSEHOLD includes all persons (parents, children, grandparents, and all people related or unrelated) who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

Total Household Income: _____

HOUSEHOLD INCOME is the total income before taxes of all household members. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income.

Fee Assistance Recipients (please list all household members):

First Name	Last Name	Relationship to Applicant	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

I certify and declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Date Received		Verified By	
Residency Document		Redmond Resident (live or work in 98052)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Document		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Exception	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Exception		If Approved: <input type="checkbox"/> 50% <input type="checkbox"/> 70% <input type="checkbox"/> 90%	
Applicant notified on / / by			
Notes:			

