



Westport Jr./Sr. High School Athletic Department
Athletic User Fee Waiver Form

NOTE: Please refer to the User Fee Waiver guidelines, as outlined in the Westport Jr./Sr. High School Student-Athlete/Parent Handbook, before completing this form.
This form must be returned with a copy of your previous year's tax return, proving household residents & income.

APPLICATION

Student-Athlete Name _____ Foster Child: Yes _____ No _____

Head of Household Name _____

Name of Household Members (include Head of Household)	Gross Monthly Income		Any Other Monthly Income
	Before Deductions		
	Job 1	Job 2	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I certify that all of the above information is true and correct and that all income is reported.

Signature of Adult Household Member: _____ Date _____

Street Address: _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

INCOME TO REPORT

<p>Earnings from Work Wages/salaries/tips Strike benefits Unemployment compensation Worker's Compensation Net income from self-owned business</p>	<p>Welfare/Child Support/Alimony Public assistance payments Welfare payments</p> <p>Pension/Retirement/Social Security Pensions Supplemental Security Income Retirement Income Veteran's Payments Social Security</p>	<p>Other Income Disability benefits Cash withdrawn from savings Interest/Dividends Income from estates Trusts/investments Regular contributions from persons not living in household Net royalties/Annuities</p>
---	--	--