



2016-2017 Guidelines for Reduced Fee Application

The Town of Windsor Parks, Recreation & Culture Department has established a program to make recreation activities available to Windsor residents who have demonstrated financial need. This program is funded through generous donations from multiple sources including the Windsor Town Board and United Way of Weld County. This program is available only to Windsor residents and **can only be used if funds are available**. Persons meeting the qualifications as established below will receive assistance with their registration fees, **up to \$225 per person under 18, and up to \$150 per person over 18, per year (May 1 – April 30)**. **The amount awarded is the maximum amount and will only be available for use if funds are available**. Funds are not transferable between members of the household and may be used for activity registrations and related items pertaining to that activity, such as universal jerseys; drop-in fees at the Community Recreation Center; fitness passes and pool passes. Funds may not be used for facility rentals or punch cards.

To qualify for reduced fee consideration, the following guidelines must be met:

1. Income within federal low income guidelines (as shown below), and/or participation in state or federal assistance program (as listed on the application).
 - a. If you receive assistance through any county, state, or federal program(s), you must provide current verification specifying an expiration date, as well as your most recent tax return to verify household dependents.
 - b. A copy of your **2015** tax return (IRS Form 1040) must be attached to this application.
2. Proof of residency within the Town of Windsor will require a property tax certificate, Town of Windsor utility bill, or rental agreement.

2016 Poverty Guidelines as provided by the U.S. Department of Health & Human Services
 (Medicaid.gov poverty guidelines table)

Persons in family	100 % Reduction (Federal Poverty Guidelines)	75% Reduction	50% Reduction
1	\$0 - \$11,770	\$11,771 - \$17,655	\$17,656 - \$23,540
2	\$0 - \$15,930	\$15,931 - \$23,895	\$23,896 - \$31,860
3	\$0 - \$20,090	\$20,091 - \$30,135	\$30,136 - \$40,180
4	\$0 - \$24,250	\$24,251 - \$36,375	\$36,376 - \$48,500
5	\$0 - \$28,410	\$28,411 - \$42,615	\$42,616 - \$56,820
6	\$0 - \$32,570	\$32,571 - \$48,855	\$48,856 - \$65,140
7	\$0 - \$36,730	\$36,731 - \$55,095	\$55,096 - \$73,460
8	\$0 - \$40,890	\$40,891 - \$61,335	\$61,336 - \$81,780
For each additional member, add:	\$4,160	\$6,190	\$8,220



Town of Windsor Parks, Recreation & Culture Department
 250 N. 11th St. | Windsor, CO 80550 | 970-674-3500 | windsorgov.com

2016-2017 Application for Reduced Fees Program

PLEASE PRINT LEGIBLY

Today's Date	
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Applicant Information

Last Name		First Name		Birth Date		Gender	
						M F	
Street Address			City		State	Zip	
Home Phone		Cell Phone		Email Address			

Please list **YOURSELF** and **ALL** members of your household.

Name	Date of Birth	Grade	Gender	Relationship	Applying for program?
			M F	Self	Y N
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N

Income

Gross annual income includes wages, unemployment compensation, worker's compensation, public assistance payments, alimony/child support payments, pensions, SSI, retirement income, veteran's payments, social security payments, disability payments, student loans/grants, contributions from people not living in the household, or other income. The gross income amount taken from the **2015 IRS tax form 1040** will be the only accepted proof of income. Only dependents that are listed on your tax form will be eligible to participate in this program.

Please state total gross (gross = before taxes) household income from your 2015 tax return and attach a copy of tax return to this application.	\$
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Assistance Programs

If your current situation is not reflected by your most recent tax return or your income does not fall within the poverty guidelines, please mark any assistance programs in which you and your family are currently enrolled. Current documentation verifying current enrollment in a program and eligibility expiration date must accompany this application.

Assistance Programs (please check all that apply)	
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Medicare
<input type="checkbox"/> AND (Aid to the Needy Disabled)	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> WIC (Women, Infants, & Children)	<input type="checkbox"/> Free/Reduced School Lunches
<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI/SSDI (Supplemental Security Income/SS Disability Income)
<input type="checkbox"/> OAP (Old Age Pension)	<input type="checkbox"/> Self-sufficiency Program
<input type="checkbox"/> CCAP (Childcare Assistance Program)	<input type="checkbox"/> Foster Care
<input type="checkbox"/> CHP+ (Child Health Plan Plus)	<input type="checkbox"/> LEAP (Low-income Energy Assistance Program)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Other (please list)	

Please allow at least five business days for processing of the application. If you have any questions about the application, or the reduced fee program, please call the Administrative Office at 970-674-3506.

If the application for reduced fees is approved you will receive an approval letter, explaining the benefits for which you and your family are eligible.

Did you remember to attach copies of:

- Proof of Residency (utility bill, lease agreement, property tax statement)
- 2015 Tax Return (form 1040)
- Verification of Assistance Programs, if applicable (from programs checked above)

Verification

I hereby verify that the information stated on this application is true.

Applicant Signature _____ Date

OFFICE USE ONLY			
Reduction Rate If Approved _____			
Approved _____	Not Approved _____	Staff Initials _____	Date _____
Approved _____	Not Approved _____	Staff Initials _____	Date _____