

City of Troy Parks and Recreation

Financial Aid Policy and Guidelines for Parks and Recreation Programs:

The financial aid policy is intended to help those **Troy residents** who are experiencing temporary financial hardship. Participants should not expect the program to sponsor the total recreational needs of the individual.

- 1) Decisions regarding assistance are final.
- 2) It is intended that this assistance be temporary. Participants may be required to pay full or partial cost.
- 3) Granting of assistance is based on low-income status (see below) and any extenuating circumstances.
The guidelines are devised under the Oakland County Community Development Block Grant Program- Income Limits as established by the US Department of Housing and Urban Development.
- 4) Assistance is limited to one activity or program per child/senior, per term.
- 5) Some programs and activities conducted by contractors do not offer assistance. Assistance is not available for trips.

Low income is defined as follows (effective for all applications received on or after June 1, 2010):

| Persons/Household | Extremely Low Income | Very Low Income | Low Income |
|-------------------|----------------------|-----------------|------------|
| 1 | < \$14,900 | \$24,850 | \$39,750 |
| 2 | < \$17,050 | \$28,400 | \$45,450 |
| 3 | < \$19,150 | \$31,950 | \$51,100 |
| 4 | < \$21,300 | \$35,500 | \$56,800 |
| 5 | < \$23,000 | \$38,350 | \$61,350 |
| 6 | < \$24,700 | \$41,200 | \$65,900 |
| 7 | < \$26,400 | \$44,000 | \$70,450 |
| 8 | < \$28,100 | \$46,850 | \$75,000 |

Financial Aid Policy for Community Center Annual Unlimited Pass Holders

The discount for low-income **Troy residents only** is intended to help those who are experiencing temporary financial hardship. Participants should not expect the program to sponsor the total recreational needs of the individual. Please see chart above.

- 1) Decisions regarding assistance are final. It is intended that this assistance be temporary.
- 2) Granting of assistance is based on low-income status (see below).
- 3) Application form must be submitted with ALL required verification and financial information.**

| Extremely Low Income | Very Low Income | Low Income |
|----------------------|-----------------|------------|
| 25% | 15% | 10% |

Disabled Resident Discount Policy for Community Center Annual Unlimited Pass Holders

This discount (10%) is intended to help those **Troy residents** who are experiencing a long-term permanent disability. Participants should not expect the program to sponsor the total recreational needs of the individual.

- 1) Decisions regarding assistance are final.
- 2) Granting of assistance is based on a permanent physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.
- 3) Form A" must be submitted after certification by a physician.**
- 4) Once application is on file, this does not need to be submitted on an annual basis, although residency must be verified at each renewal.**

Senior Resident Discount Policy for Classes

Troy residents age 55 and older that fall within the **VERY LOW INCOME** levels stated above may receive a 25% discount on classes as indicated in the senior citizen newsletter. The discount is available only for those classes indicated in the newsletter and individuals are limited to one class per person, per term.

IMPORTANT NOTES:

- ✓ **Application form must be submitted with proper verification and financial information.**
- ✓ **Only one Community Center Pass Holder discount can be applied per person.**
- ✓ **A new application form is required every 12 months with proper verification and financial information (Exception – Disability Discount as noted above).**

Financial Assistance Confidential Application Form

For Troy Residents Only

Received by: (name of staff) _____

**Please make sure this form is fully completed and the following is also attached:
1) appropriate financial information; 2) pass application form; or 3) registration form**

Have you applied for financial assistance in the past through Troy Parks and Recreation? _____
If YES, when? _____ ...And for what program(s)? _____

Personal Name _____ Spouse's Name _____
Address _____ City _____ Zip _____
of years/months @ this address _____ years and _____ months
Phone: Home _____ Work _____ Email _____

TOTAL Number of exemptions you claim on your current federal income tax document _____

| Dependent Children: | Age | Rec Pass | Program | If assistance is requested for a program, list activity and number |
|---------------------|-------|----------|---------|--|
| Name _____ | _____ | [] | [] | _____ |
| Name _____ | _____ | [] | [] | _____ |
| Name _____ | _____ | [] | [] | _____ |
| Name _____ | _____ | [] | [] | _____ |

Employment Are you currently employed? Yes No
My Employer _____ Spouse's Employer _____
Address _____ Address _____
Occupation _____ Occupation _____
Length of time with employer _____ Length of time with employer _____

Income Monthly gross \$ _____ Spouse's monthly gross \$ _____
Annual gross \$ _____ Spouse's annual gross \$ _____
Other income (child/spousal support, etc.) _____ Annual Gross \$ _____
TOTAL GROSS PER YEAR FOR HOUSEHOLD \$ _____

If you receive state or federal aid, food stamps, medical aid, etc., please list: _____

General Please share your reason for need of financial assistance: _____
Percentage of fee you can provide (for Parks and Recreation programs only) _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that my Troy Community Center Recreation pass will be declared invalid; or I will be terminated from the activity/program. **I agree to provide the following documentation for verification: Financial assistance/low income discount – Current filed Federal or State Income Tax Form 1040 and W-2 statement; Other items may also be requested: pay stubs, SSI, unemployment papers, etc... Disability discount – “Form A” must be submitted after certification and signed by a physician.**

Applicant's Signature _____ Date _____

For Department Use Only

| Approved by _____ | Date _____ | Documentation provided: [] Pay stub [] Income tax form [] Other _____ | | | |
|-------------------|------------|--|------------|--------------------------|-------------------|
| Program requested | Activity # | Registration Fee | % Discount | Amount Paid by Applicant | Amount Subsidized |
| _____ | _____ | _____ | _____% | _____ | _____ |
| _____ | _____ | _____ | _____% | _____ | _____ |
| _____ | _____ | _____ | _____% | _____ | _____ |

Disability Assistance Confidential Form A

For Community Center Annual Unlimited Pass Holders (Residents Only – Discount is 10%)

Please make sure this form is fully completed or it will be returned to applicant!

Once application is on file, this form does not need to be submitted on an annual basis, although residency must be verified at each renewal. Please complete and sign Part 1. Your physician must complete and sign Part 2. Application cannot be processed without signed release and physician's certification.

Part 1: Release of Information and Signature

Please PRINT!

Name _____ Date of Birth _____

Home Address _____ City _____

Zip Code _____ Nature of Impairment _____

Home Phone _____ Work Phone _____ Email address _____

I certify that the above listed information is correct. If any information is determined to be false, I understand that my Troy Community Center Recreation pass will be declared invalid.

Signature of Disabled Person Date

Signature of Representative (if presented by representative) Date

Part 2: Physician's Certification

Please PRINT!

Patient's condition is: [] Permanent [] Temporary

Physician's Name _____

Street Address _____ City _____

State _____ Zip Code _____ Office Phone _____ Office Fax _____

Nature of Impairment for patient listed above _____

Medical Speciality _____ Medical License # _____

I certify the information listed above for the said person is correct.

Physician's Signature _____ Date _____

| For Department Use Only | | | | |
|--------------------------------|------------------|--|--------------------------|-------------------|
| Approved by _____ | Date _____ | Additional documentation provided (if any) _____ | | |
| Program requested | Registration Fee | % Discount | Amount Paid by Applicant | Amount Subsidized |
| CC Annual Pass | | 10% | | |

