



Community Services Department Programs

LOW INCOME RESIDENT FEE ADJUSTMENT GUIDELINES

The Community Services Department has established guidelines to determine if Richmond residents qualify for a fee adjustment, or a reduction in the total fee charged for a specific program or service. According to the Richmond Municipal Code 2.34, fees may be charged to offset costs of programs and services. However, low income, disadvantaged Richmond residents may qualify for a discount based upon their city of residence, the size of their family unit, their financial need and relationship to the person receiving the services. The application form is on the back side of this form.

CONDITIONS:

These conditions (criteria) **MUST** be met by the applicant at the time of registration.

1. The Applicant is a Richmond Resident- Proof of resident status can be met with a copy of current valid driver license, current utility or phone bill with matching name and address as on the Registration Form.
2. The Applicant is the parent or legal guardian of the child or children registering for the program- Proof of relationship can be met with either a copy of the child's birth certificate showing the paternal/maternal name, or a court document stipulating guardianship, custody or other form of appointment.
3. The Applicant is low income defined as per the published U.S. Health and Human Services Department poverty guideline for their family size"- Proof of income status can be met with a current payroll stub for each working adult in the family, a Federal W-2 for each adult in the family, or copy of the most recent Federal Assistance Check, or copy of most recent filed Federal Income Tax.

The 2018 Poverty Guidelines

Number of Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 12,140	\$ 15,180	\$ 13,960
2	16,460	20,580	18,930
3	20,780	25,980	23,900
4	25,100	31,380	28,870
5	29,420	36,780	33,840
6	33,740	42,180	38,810
7	38,060	47,580	43,780
8	42,380	52,980	48,750
For each additional person, add	\$ 4,020	\$ 5,400	\$ 4,970

Source: 2018 Poverty Guidelines, Federal Register Notice
<http://aspe.hhs.gov/poverty/>

COMMUNITY SERVICES DEPARTMENT

LOW INCOME RESIDENT FEE ADJUSTMENT APPLICATION FORM



Instructions: Please PRINT LEGIBLY. Attach Registration Form with copies of documents verifying conditions: 1) Resident status 2) relationship and 3) family income. Application must be complete with required documents at time of registration.

Exclusions: Fee adjustments will apply only to program registration fees for eligible Richmond Residents meeting all qualifications at time of registration (**Applies only to Elevate summer camp, Elevate specialty camp and Elevate afterschool programs**). Extra Course fees for Excursions must be paid in full. The following Programs are EXEMPT from Fee Adjustments- Adult sports and Fitness, City Wide Special Events, Festivals, Contractual Programs, Excursions, Tennis Programs, Aquatics Program, Before and After Camp and others as published in our Activity Guide.

Parent(s) or Guardian's Name:				
Address:		City:		Zip:
Phone Numbers Home#		Cell#		Work#
Activity – Program			Site:	
Qualifications	Please Circle			Required Documents
1) Resident Status	Yes	No	Richmond Resident?	If your answer is NO, you <u>DO NOT</u> qualify.
				If YES please submit Driver's License or Utility Bill
2) Relationship	Yes	No	Related to child/children?	Must be a Parent or Legal Guardian to qualify.
	Yes	No	Parent?	Child's Birth Certificate
	Yes	No	Legal Guardian?	Court Document determining relationship with your name and child's name.
3) Income	Yes	No	My family income is above 200% HHS Poverty Guideline	If your answer is YES, you <u>DO NOT</u> qualify.
	I certify that my total family income is: Monthly: \$ Annual: \$			Most recent Payroll Stubs (one month) Federal W-2 Federal Assistance Check or Determination Letter Income Tax Form Filed
	For adult dependents income tax form is required.			
List of Names- Include All Household Family Members Applicant	Size of Family Unit	HHS Poverty Guideline Annual Income		Low Income 200% Limit
	1	\$ 12,140		\$ 24,280
	2	16,460		32,920
	3	20,780		41,560
	4	25,100		50,200
	5	29,420		58,840
	6	33,740		67,480
	7	38,060		76,120
	8	42,380		84,760
	For each Additional person, ADD	4,320		8,640
I certify under penalty of perjury that the above information is true and complete as of the date of this application and registration into the program listed above. I understand that all fees and verification documents are due at time of registration.				
Signature:			Date:	
<small>Office Use Only</small>				
<small>Based upon the information given above and attached hereto, a fee adjustment is:</small>				
Denied- Qualifications not met.	Residency ()		Relationship ()	Income <200%PGL ()
Approved	50% off the first registered child		75% off the second registered child (or more)	
Signature of Manager:				Date: