

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 | \$ 12490 | | \$ 24,980 |
| | 2 | 16,910 | | 33,820 |
| | 3 | 21,330 | | 42,660 |
| | 4 | 25,750 | | 51,500 |
| | 5 | 30,170 | | 60,340 |
| | 6 | 34,590 | | 69,180 |
| | 7 | 39,010 | | 78,020 |
| | 8 | 43,430 | | 86,860 |
| | For each Additional person, add | 4,420 | | 8,840 |
| 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: |



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 2019 Poverty Guidelines

| Number of Persons in Family or Household | 48 Contiguous States and D.C. | Alaska | Hawaii |
|--|-------------------------------|-----------|-------------|
| 1 | \$ 12490 | \$ 24,980 | \$ 2,081.67 |
| 2 | 16,910 | 33,820 | 2,818.33 |
| 3 | 21,330 | 42,660 | 3,555 |
| 4 | 25,750 | 51,500 | 4,291.67 |
| 5 | 30,170 | 60,340 | 5,028.33 |
| 6 | 34,590 | 69,180 | 5,765 |
| 7 | 39010 | 78,020 | 6,501.67 |
| 8 | 43430 | 86,860 | 7,238.33 |
| For each additional person, add | 4,420 | 8,840 | 736.67 |

Source: 2019 Poverty Guidelines, Federal Register Notice
<http://aspe.hhs.gov/poverty/>