# 2019 Program Assistance Form

**(Form expires 12/31/19)**

Thank you for your interest in Plymouth Park & Recreation programs. Program Assistance dollars are available to assist families who meet income guidelines. These funds are available to City of Plymouth residents only. It is the policy of the City of Plymouth to provide services to all residents regardless of sex, race, color, national origin, ability, or financial status. Guidelines provide for $200 per child (under 18) per calendar year (Jan 1-Dec 31).
The maximum assistance for any one program is $75. *A limited amount of funds is available for the assistance program, and assistance is subject to availability of these funds.* Lifetime Fitness discount passes are available to all ages with a limit of 8 passes per year per individual. Passes are $6.50 each for adults and $2.50 each for youth.

Name of head(s) of household:_____

Names (first & last) **and birthdays** of other family members: _____

_____

Address _____ Zip _____

Home Phone_____ E-mail Address_____ _____

Check the line that best describes your family size (excluding foster children). If the figure on the same line to the right of the family size describes your annual household income (excluding income for foster care), you qualify for our assistance program. If assistance is being requested for a foster child, the foster care income and family size of 1 (one) should be indicated. **Your total household income includes: wages, tips, social security, assistance, interest, etc *(this includes all adult incomes if you are a multiple income family and any assistance or support payments you receive).* It should be equal to the Total Adjusted Gross Income amount on your 1040 form for 2018.**

| **This household income scale qualifies you for 75% off each activity fee.** *The maximum assistance for any one program is $75. Documentation required, see below.* | | |
|---|---|---|
| **Check One** | **Family Size** | **Total Household Income *(see above)*** |
| | 1 | is below $33,050 |
| | 2 | is below $37,750 |
| | 3 | is below $42,450 |
| | 4 | is below $47,150 |
| | 5 | is below $50,950 |
| | 6 | is below $54,700 |
| | 7 | is below $58,500 |
| | 8 | is below $62,250 |

**REQUIRED DOCUMENTATION: for verification of income, please attach a copy of last year's 1040 tax form(s), W–2's, or other official documentation of income (on your 1040 tax form, we use the Total Adjusted Gross Income amount). Program Assistance cannot be processed or provided without this documentation.**

If your situation does not fit the above categories, please explain your circumstances here: _____
_____

***I understand that all the information provided on this form is correct to the best of my knowledge.***

_____ _____ _____
Parent/Guardian Signature Date City of Plymouth Representative