



City of Fort Collins Recreation Department

Guidelines for Reduced Fee Consideration

112 East Willow · Fort Collins, Colorado 80524 · 970.221.6655 · fcgov.com/recreation

The City of Fort Collins Recreation Department has established guidelines to make programs available to permanent residents who have a demonstrated financial need. The City defines a permanent resident as someone who resides year-round in Fort Collins or in Poudre School District boundaries and supports himself/herself financially. Applicants eighteen years of age or older must show proof of lawful presence in the United States, as required by Colorado law. However, parents who are applying for a fee waiver only on behalf of their children who are under eighteen years old are not required to prove their own lawful status or sign the affidavit.

In order to preserve the City’s ability to offer Recreation fee waivers or discounts to City residents in need, and in recognition of the recreational opportunities provided to CSU students by the university, applications from Colorado State University students will be reviewed to determine whether or not the applicant’s financial need results from their status as a CSU student. In making this determination, the City will evaluate all relevant information, including an applicant’s ability to earn greater income if he/she were not a CSU student. If the City reasonably determines the applicant would not qualify for financial need status if he/she were not a student at CSU, the application will be denied.

Applicants and their immediate family members, persons who are directly related to the applicant, legal dependents of the applicant, and reside in the applicant’s household, may apply for reduced fee consideration. Proof of lawful residence must be shown for all immediate family members eighteen years of age or older.

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

1. Participation in a state or federal assistance program (as listed on the application), or income within federal low income guidelines per most recent tax return.
 - a. *If you receive assistance through any county, state, or federal program(s), you must provide current verification, specifying an expiration date, or obtain a benefits report from Larimer County Human Services at 970.498.6300.*
 - b. *If you are not on a qualifying assistance program, a copy of your most recent tax return must be attached to this application.*
2. Proof of Fort Collins or Poudre School District residency, including a current utility bill showing name and address, or three other bills mailed to the same address.
3. Proof of lawful presence in the United States. Applicants, and each immediate family member eighteen years or older, who wish to qualify for the reduced fee program must produce one of the following: a Colorado driver’s license or ID card, U.S. military ID card, U.S. Coast Guard Merchant Mariner’s card, a Native American tribal document, or other documentation permitted by Colorado regulations. In addition, all applicants eighteen years or older must sign the affidavit, stating that he or she is a U.S. citizen, legal permanent resident, or otherwise lawfully present in the United States.

Applications can be submitted at Edora Pool Ice Center (EPIC), Mulberry Pool, Northside Aztlan Community Center (NACC), or the Senior Center during business hours (addresses are listed below). If you have any questions about the application or the reduced fee program, please call to schedule an appointment with a trained staff member. Please allow at least ten business days for processing of the application. All applications and supporting documentation will be retained in our secure files, and copies tax returns will be shredded upon approval or denial of benefits.

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

For further information, please contact:

Recreation Administration

215 North Mason
970.221.6360

Edora Pool Ice Center (EPIC)

1801 Riverside
970.221.6683

Mulberry Pool

424 West Mulberry
970.221.6657

Northside Aztlan Community Center (NACC)

112 E. Willow
970.221.6655

Senior Center

1200 Raintree
970.221.6644



City of Fort Collins Recreation Department
2010 Application for Reduced Fee Consideration

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Please thoroughly read and complete this application. If handwriting is legible and appropriate documentation is provided, you should receive a response within 10 business days. If staff has questions regarding your application, you will be contacted, and your application will not be fully processed until all questions are answered and appropriate documentation submitted.

PLEASE PRINT LEGIBLY.

Today's Date		Date Received	
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**For office use only.*

Adult Applicant

Last Name	First Name	Middle	Birth Date	Gender
				Male <input type="checkbox"/> Female <input type="checkbox"/>

Street Address	City	State	Zip

Daytime Phone	Alternate Phone	Mobile Phone

E-mail Address

Name of person assisting with this application, if applicable	Phone

1. Please list all members of your household, including yourself and any individuals in your household who provide support services that may affect your eligibility.
2. Please specify the name, age, date of birth, gender, and relationship (self, spouse, child, grandchild, etc.) of each household member.
3. Please indicate whether or not the individual would like to apply for reduced fee consideration, or if they do not wish to apply at this time.

Name	Age	Date of Birth	Gender	Relationship	Applying for program?
1.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
6.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
7.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
8.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
9.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
10.			Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

→ Please proceed to Step 1.

STEP 1 Assistance Programs

Please mark any assistance programs in which you and your family are currently enrolled, checking all programs that apply. Current documentation, verifying current enrollment in a program and eligibility expiration date must accompany this application. If no documentation is available, please obtain a benefits report from Larimer County Human Services at 970.498.6300. *Other verification can be obtained from Poudre School District (970.482.7420), Social Security Administration, or Fort Collins Housing Authority.

Column A	
<input type="checkbox"/> TANF	<input type="checkbox"/> Medicare Savings Program (QMB, SUM-B, Q1)
<input type="checkbox"/> AND	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> WIC	<input type="checkbox"/> Free/Reduced School Lunch*
<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI/SSDI*
<input type="checkbox"/> OAP	<input type="checkbox"/> Self-sufficiency Program*
<input type="checkbox"/> CCAP	<input type="checkbox"/> Foster Care

Column B
<input type="checkbox"/> CHP+ (provide income information)
<input type="checkbox"/> LEAP
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Other (please list) _____

If you qualify for any of the above-named programs and you have provided the appropriate verification, you may skip to Step 4 for signature and date.

If you qualify for LEAP, CHP+, Subsidized Housing, Food Stamps, or "Other" only (and none of the programs listed under Column A), please complete Step 2, Step 3, and Step 4.

STEP 2 Income

Please state total gross (gross = before taxes) household income from your most recent tax return, and attach a copy of your most recent tax return to this application. Only dependents that are listed on your tax form will be eligible to participate in this program.	\$ _____	Annual
	\$ _____	Monthly

STEP 3 Affiliation with Colorado State University (CSU)

Are any family members listed on this application full-time undergraduate students at CSU? Yes No

Student's Name	Estimated Graduation Date

STEP 4 Verification

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

Applicant Signature _____
Date

If my application is approved, please: Mail my reduced fee card Call me for pick-up

→ Please proceed to Step 5.

STEP 5 Affidavit**Primary Applicant**

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(Check one)**

- I am a United States citizen
- I am not a United States citizen but I am a Permanent resident of the U.S.
- I am not United States citizen but I am lawfully present in the U.S. pursuant to Federal law.

Primary Applicant Signature

Date

Spouse or Partner Applicant

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(Check one)**

- I am a United States citizen
- I am not a United States citizen but I am a Permanent resident of the U.S.
- I am not United States citizen but I am lawfully present in the U.S. pursuant to Federal law.

Spouse or Partner Applicant Signature

Date

Other Applicant

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that: **(Check one)**

- I am a United States citizen
- I am not a United States citizen but I am a Permanent resident of the U.S.
- I am not United States citizen but I am lawfully present in the U.S. pursuant to Federal law.

Other Applicant Signature

Date

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

STEP 6 Application Check List

Prior to submitting your application, please take a moment to verify the following information. Please attach copies of relevant information, as original documentation will not be returned.

- Did you receive assistance completing this application? If so, did you include the name and contact number of the person who assisted you?
- Did you include proof of residency (copy of utility bill or three pieces of mail)?
- Did each person 18 years or older provide a photocopy of his/her driver's license or photo ID?
- Did all applicants age 18 or older sign the affidavit, verifying residency?
- Did you provide verification of an assistance program, including the expiration date?
- Did you attach a copy of your most recent federal tax form, if applicable?
- Did you sign the application?

If this application is incomplete or any of the required verification or signatures missing, the processing of your application will be delayed until the pending information and signatures have been obtained.