



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 if applicable, 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 any confidential information including 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.

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
970.221.6256

Senior Center
1200 Raintree
970.221.6644



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. INCOMPLETE INFORMATION OR MISSING DOCUMENTATION WILL RESULT IN AUTOMATIC DENIAL OF REDUCED FEE BENEFITS – PLEASE REVIEW CAREFULLY BEFORE SUBMITTING.

2016 APPLICATION FOR REDUCED FEE ELIGIBILITY
PLEASE PRINT LEGIBLY.

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

Adult Application

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

Street Address	City	State	Zip

Home Phone	Work Phone	Mobile Phone

E-mail Address

Name of person assisting with application, if applicable	Phone

- Please list all members of your household, *including yourself*, who are applying for reduced fee benefits along with any individuals in your household who provide support services that may affect your eligibility.
- Please specify the name, age, date of birth, gender, and relationship (self, spouse, child, grandchild, etc.) of each household member.
- 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	Grade Level	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. →

STEPS 1 through 3: Please select **one** proof of eligibility. The easiest way to qualify for reduced fee benefits is to provide documentation, verifying participation in the Poudre School District lunch program or a copy of your most recent tax return. **If no family members receive free or reduced lunches, or you did not submit a tax return, please proceed to STEP 3.**

STEP 1 Proof of Poudre School District Lunch Program

Do your children qualify for free or reduced lunch benefits through Poudre School District? If so, please select the appropriate box, and provide current documentation, verifying enrollment in the PSD lunch program. **Once completed, please proceed to STEP 4.**

Free Lunch Reduced Lunch

STEP 2 Proof of Income

Please state total gross (gross = before taxes) household income from your most recent tax return, and attach a copy of your form. If an eligible dependent is not listed tax return, please specify his/her name and explain why. **Once completed, please proceed to STEP 4.**

\$	Annual
\$	Monthly

STEP 3 Proof of Assistance Program

Please mark any assistance programs in which you and your family are currently enrolled, checking all programs that apply. Current documentation, verifying enrollment in a program and eligibility expiration date (if applicable) 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 Social Security Administration or Fort Collins Housing Authority. **Once completed, please proceed to STEP 4.**

<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Medicaid
<input type="checkbox"/> AND (Aid to the Needy Disabled)	<input type="checkbox"/> OAP (Old Age Pension)
<input type="checkbox"/> WIC (Women, Infants, and Children)	<input type="checkbox"/> CCAP (Child Care Assistance Program)
<input type="checkbox"/> Medicare Savings Program (QMB, SUM-B, Q1)	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Self-Sufficiency Program	<input type="checkbox"/> Supplementary Security Income/Social Security Disability Income*

STEP 4 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 5 Verification

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

Applicant Signature	Date
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If my application is approved, please: Mail my reduced fee letter Call me for pick-up E-mail my reduced fee letter

Please proceed to Step 6. →

STEP 6 Affidavit (Only applicants 18+ must complete)

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

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 7 Applicant 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), unless providing documentation of PSD lunch letter or tax return.
- 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 if applicable?
- 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 YOU WILL BE NOTIFIED THAT YOUR APPLICATION HAS BEEN DENIED. You may re-apply by submitting a new application with all required components included.