

## 2024 Program Assistance Form

(Form expires 12/31/24)

Thank you for your interest in Plymouth Park & Recreation programs. Program Assistance dollars are available to assist families who meet income guidelines.

- It is the policy of the City of Plymouth to provide services to all residents regardless of race, color, creed, national origin, sex, religion, age, disability, affection preference, marital status, or status with regard to public assistance for financial assistance programs.
- A limited amount of funds is available for the assistance program, and assistance is subject to availability of these funds.
- These funds are available to City of Plymouth residents only.
- Guidelines provide for \$250 per eligible child (under 19) and \$50 per eligible adult (19 and over) per calendar year (Jan 1-Dec 31).
- 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 and must be purchased at City Hall, 3400
   Plymouth Blvd.

**Ways to Qualify:** Income verification, WIC, SNAP, disability, CCAP, CHIP, Educational Assistance, MN Supplemental Aid, etc.

### If qualifying by proof of income verification: Provide a W-2 or last year's 1040

• 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 the following: 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 2023. Provide proof with a W-2 or last year's 1040 form.

#### If qualifying by: CCAP, WIC, SNAP, Disability Assistance, MN Supplemental Aid, Educational Assistance

 Check the box next to the documentation you will be submitting along with the attached proof of documentation. The documentation can be submitted as a document or picture.

#### To apply:

Complete the form, attach qualifying documents, sign and date the bottom of the form in the space provided, and submit. Your form and required documentation can be sent to the Parks and Recreation Department via email at <a href="mailto:recreation@plymouthmn.gov">recreation@plymouthmn.gov</a> or in person at City Hall, 3400 Plymouth Blvd, Plymouth, MN 55447.



# 2024 Program Assistance Form

(Form expires 12/31/24)

Name of head of h				
Name of fiedd of the	ousehold:		Date of Birth:	
Street Address:				
City:	Zi	p Code:		
Phone Number:		E-mail addre	ess:	
First and last name of family member			Date of birth (month/day/year)	
ocumentation reau	uired for Income Verification	· W-2 or Last year's 11	nan	
		. W Z or Last year 5 10	U <del>1</del> U	
	Family Size		d Income (see above)	
			d Income (see above) is below43,500	
	Family Size  1 2		d Income (see above) is below43,500 is below 49,700	
	Family Size  1 2 3		d Income (see above) is below43,500 is below 49,700 is below 55,900	
	Family Size  1 2		d Income (see above) is below43,500 is below 49,700 is below 55,900 is below 62,100	
	Family Size  1 2 3 4		d Income (see above) is below43,500 is below 49,700 is below 55,900	
	Family Size  1 2 3 4 5		is below 49,700 is below 55,900 is below 62,100 is below 67,100	
	Family Size  1 2 3 4 5 6		is below43,500 is below 49,700 is below 55,900 is below 62,100 is below 67,100 is below 72,050	
REQUIRED DOCUM with this form. Pro UNIC CCAP Disability Assistar	Family Size  1 2 3 4 5 6 7 8  MENTATION: Please choose of gram Assistance cannot be Gram Assista	Total Household  one of the required doc processed or provided IP N Supplemental Aid ucational Assistance gories, please explain years	is below43,500 is below 49,700 is below 55,900 is below 62,100 is below 67,100 is below 72,050 is below 77,050	
REQUIRED DOCUM with this form. Pro UNIC CCAP Disability Assistar	Family Size  1 2 3 4 5 6 7 8  MENTATION: Please choose of gram Assistance cannot be Gram Assista	Total Household  one of the required doc processed or provided IP N Supplemental Aid ucational Assistance gories, please explain years	is below43,500 is below 49,700 is below 55,900 is below 62,100 is below 67,100 is below 72,050 is below 82,000  cumentation methods you are submitting a copy without this documentation.  SNAP	