

# 2025 Program Assistance Form

(Form expires 12/31/25)

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 2024. 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.



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Name of head of house	ehold:			Date of Birth:
Street Address:				
City:	:	Zip Code:		
Phone Number:			E-mail addre	ss:
First and last name of family member				Date of birth (month/day/year)
				I
cumentation required	d for Income Verificatio	on: W-2 or	Last year's 10	40
	Family Size		•	Income (see above)
	Family Size		•	I <b>Income (see above)</b> is below 44,006
	Family Size  2 3		•	I Income (see above) is below 44,006 is below 54,360
	Family Size  2  3  4		•	is below 44,006 is below 54,360 is below 64,714
	Family Size  2 3		•	is below 44,006 is below 54,360 is below 64,714 is below 75,068
	Family Size  2  3  4  5		•	is below 44,006 is below 54,360 is below 64,714
	Family Size  2  3  4  5  6		•	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423
	Family Size  2 3 4 5 6 7		•	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365
eck One	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose	To	e required doc	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247
REQUIRED DOCUMENT with this form. Program	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose	e one of the	e required doc	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247
REQUIRED DOCUMENT with this form. Prograi	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose m Assistance cannot be	e one of the processe	e required doc	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247
REQUIRED DOCUMENT with this form. Program WIC  CCAP	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose m Assistance cannot be	e one of the e processe CHIP	e required doc	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247
REQUIRED DOCUMENT with this form. Program WIC CCAP Disability Assistance	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose m Assistance cannot be made of the massistance cannot be massistance cannot canno	e one of the e processe CHIP  AN Suppler ducational	e required doc ed or provided mental Aid I Assistance	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247
REQUIRED DOCUMENT with this form. Program WIC CCAP Disability Assistance If your situation doe	Family Size  2 3 4 5 6 7 8 9  TATION: Please choose m Assistance cannot be COMM (State/Federal)  Es not fit the above cate	e one of the e processe CHIP AN Suppler ducational	e required doc ed or provided mental Aid I Assistance	is below 44,006 is below 54,360 is below 64,714 is below 75,068 is below 85,423 is below 87,365 is below 89,306 is below 91,247  sumentation methods you are submitting a copy without this documentation.