



Town of Windsor Parks, Recreation & Culture Department

250 N. 11<sup>th</sup> St. | Windsor, CO 80550 | 970-674-3500 | windsorgov.com

## 2023-2024 Guidelines for Reduced Fee Application

The Town of Windsor Parks, Recreation & Culture Department has established a program to make recreation activities available to Windsor residents who have demonstrated financial need. This program is funded through generous donations from multiple sources including the Windsor Town Board and United Way of Weld County. This program is available only to Windsor residents and *can only be used if funds are available*. Persons meeting the qualifications as established below will receive assistance with their registration fees, *up to \$300 per person under 18, and up to \$150 per person over 18, per year (May 1 – April 30)*. *The amount awarded is the maximum amount and will only be available for use if funds are available*. Funds are not transferable between members of the household and may be used for activity registrations or Community Recreation Center memberships only. Funds may not be used for point of sale items, daily tokens or facility rentals.

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

1. Income within federal low income guidelines (as shown below), and participation in state or federal assistance program (as listed on the application).
  - a. If you receive assistance through any county, state, or federal program(s), you must provide current verification specifying an expiration date.
  - b. A copy of your full **2022** tax return, **including all schedules and proof of IRS transmittal page must be attached to this application. Only dependents that are listed on your tax form will be eligible to participate in this program.**
2. Proof of residency within the Town of Windsor will require a property tax certificate, Town of Windsor utility bill, or current rental agreement.

2023 Poverty Guidelines as provided by the U.S. Department of Health & Human Services (Medicaid.gov poverty guidelines table)

Persons in family	100% of Funds \$300 (\$150 for 18+) (Federal Poverty Guidelines)	75% of Funds \$225 (\$115 for 18+)	50% of Funds \$150 (\$75 for 18+)
1	\$0 - \$14,580	\$14,581 - \$21,870	\$21,871 - \$29,160
2	\$0 - \$19,720	\$19,721 - \$29,580	\$29,581 - \$39,440
3	\$0 - \$24,860	\$24,861 - \$37,290	\$37,291 - \$49,720
4	\$0 - \$30,000	\$30,001 - \$45,000	\$45,001 - \$60,000
5	\$0 - \$35,140	\$35,141 - \$52,710	\$52,711 - \$70,280
6	\$0 - \$40,280	\$40,281 - \$60,420	\$60,421 - \$80,560
7	\$0 - \$45,420	\$45,421 - \$68,130	\$68,131 - \$90,840
8	\$0 - \$50,560	\$50,561 - \$75,840	\$75,841 - \$101,120
For each additional member, add:	\$5,140		

# How to check Windsor residency status

Weld Country residents visit <https://www.co.weld.co.us/apps1/propertyportal/>

- 1) Enter address and click "Search" or click Map Search to locate property

- 2) Click "Taxing Disticts"

- 3) Windsor Residents will show WINDSOR TOWN

↕ Tax Area	↕ District ID	↕ District Name
0436	0700	AIMS JUNIOR COLLEGE
0436	1051	CLEARVIEW LIBRARY
0436	0301	NORTHERN COLORADO WATER (NCW)
0436	0204	SCHOOL DIST RE4-WINDSOR
0436	0100	WELD COUNTY
0436	1200	WEST GREELEY CONSERVATION
0436	0428	WINDSOR TOWN
0436	0521	WINDSOR-SEVERANCE FIRE
0436	0533	WINDSOR-SEVERANCE FIRE (BOND 2023)

Larimer Country residents visit <https://www.larimer.org/assessor/search#/property/>

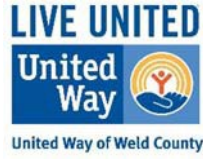
- 1) Enter address and click "Find Property" or click Search by Map to locate property on a map

- 2) Select the property if needed

- 3) Click "Tax History"

- 4) Windsor Residents will show WINDSOR

Levy	Tax Authority
42.971	POUDRE R-1 GENERAL FUND
22.425	LARIMER COUNTY
12.030	WINDSOR
11.236	POUDRE R-1 BOND PAYMENT
7.994	WINDSOR-SEVERANCE FIRE
3.017	POUDRE RIVER PUBLIC LIBRARY DIST
2.167	HEALTH DIST OF NO LARIMER CTY
1.500	FT COLLINS-LOV WATER
1.000	N COLO WATER CONS DIST
0.142	LARIMER CO PEST CTRL DST



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## 2023-2024 Application for Reduced Fees Program

PLEASE PRINT LEGIBLY

Today's Date	
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### Applicant Information

Last Name		First Name		Birth Date		Gender	
						M   F	
Street Address				City		State	Zip
Home Phone		Cell Phone		Email Address			

Please list **YOURSELF** and **ALL** members of your household.

Name	Date of Birth	Grade	Gender	Relationship	Applying for program?
			M   F	<b>Self</b>	Y   N
			M   F		Y   N
			M   F		Y   N
			M   F		Y   N
			M   F		Y   N
			M   F		Y   N
			M   F		Y   N

### Income

Adjusted Gross annual income includes wages, unemployment compensation, worker's compensation, public assistance payments, alimony/child support payments, pensions, SSI, retirement income, veteran's payments, social security payments, disability payments, student loans/grants, contributions from people not living in the household, or other income. The adjusted gross income amount taken from the **2022 IRS tax form 1040** will be the only accepted proof of income. **Only dependents that are listed on your tax form will be eligible to participate in this program.**

Please state <b>adjusted gross income</b> from your 2022 tax return and attach a copy of tax return to this application.	\$
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**Assistance Programs**

Please mark any assistance programs in which you and your family are currently enrolled. Current documentation verifying current enrollment in a program and eligibility expiration date must accompany this application.

Assistance Programs (please check all that apply)	
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Medicare
<input type="checkbox"/> AND (Aid to the Needy Disabled)	<input type="checkbox"/> Childcare Assistance
<input type="checkbox"/> WIC (Women, Infants, & Children)	<input type="checkbox"/> Free/Reduced School Lunches
<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI/SSDI (Supplemental Security Income/SS Disability Income)
<input type="checkbox"/> OAP (Old Age Pension)	<input type="checkbox"/> Self-sufficiency Program
<input type="checkbox"/> CCAP (Childcare Assistance Program)	<input type="checkbox"/> Foster Care
<input type="checkbox"/> CHP+ (Child Health Plan Plus)	<input type="checkbox"/> LEAP (Low-income Energy Assistance Program)
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Subsidized Housing
<input type="checkbox"/> Other (please list)	

Please allow at least ten business days for processing of the application. If you have any questions about the application, or the reduced fee program, please call the Business Office at 970-674-3513.

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

Did you remember to attach copies of:

- Proof of Residency (utility bill, lease agreement, property tax statement)
- 2022 Complete Tax Return, **including all schedules and proof of transmittal to IRS**
- Verification of Assistance Programs, if applicable (from programs checked above)

**Verification**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Reduction Rate If Approved \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_