



Town of Windsor Parks, Recreation & Culture Department

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

2021-2022 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, as well as your most recent tax return to verify household dependents.
 - b. A copy of your full **2020** 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.

2021 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 - \$12,880	\$12,881 - \$19,320	\$19,321 - \$25,760
2	\$0 - \$17,420	\$17,421 - \$26,130	\$26,131 - \$34,840
3	\$0 - \$21,960	\$21,960 - \$32,940	\$32,941 - \$43,920
4	\$0 - \$26,500	\$26,501 - \$39,750	\$39,751 - \$53,000
5	\$0 - \$31,040	\$31,041 - \$46,560	\$46,561 - \$62,080
6	\$0 - \$35,580	\$35,581 - \$53,370	\$53,371 - \$71,160
7	\$0 - \$40,120	\$40,121 - \$60,180	\$60,181 - \$80,240
8	\$0 - \$44,660	\$44,661 - \$66,990	\$66,991 - \$89,320
For each additional member, add:	\$4,540	\$6,810	\$9,080



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2021-2022 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	Self	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

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 gross income amount taken from the **2020 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 total gross (gross = before taxes) household income from your 2020 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)
- 2020 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 _____