

**CITY OF NEPWORT
FEE ASSISTANCE POLICY**

I. PURPOSE

The city has created a sliding fee schedule for staff to determine if Newport residents with financial need are eligible for a reduction in Parks and Recreation program fees. To be eligible, applicant must be a current Newport resident and meet certain income and household size limitations. The program is only valid on programs that are in-house run recreation programs with a cost of \$10 or more. Programs that involve ordering of tickets, golf lessons, camps, leagues, offsite trips, or contractual programs offered through the Parks and Recreation Department are not eligible for assistance. There is a \$150 annual limit of fee assistance for each applicant applying. Each household participant must be listed on the most recent filed federal tax return submitted to be considered an applicant. The assistance will be tracked by staff on a calendar year basis. All fees, as determined by the application, are due at the time of the registration.

II. PROCEDURE

The applicant is responsible for completing the Fee Assistance Application (see attachment), and submitting the application to the Parks and Recreation Department. Parks and Recreation staff will notify the applicant, within five (5) business days from the receipt of the application with a determination of the applicant's eligibility and the amount of assistance, as a percentage of the program fee, which the applicant is responsible for paying. The applicant is responsible for registering for the program and paying the program fee.

III. ELIGIBILITY FOR FEE ASSISTANCE

The sliding scale used to determine an applicant's eligibility for fee assistance is calculated off of the median income level for the Minneapolis/St. Paul area, based upon statistical information supplied by HUD and the first page of the applicant's most recently filed federal tax return. The scale is updated annually with the application form to reflect the most current information. This scale is a good indicator as HUD defines households by number of people in the household regardless of marital or familial status.

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Instructions for application:

1. City of Newport residents only are eligible to apply with a \$150 annual calendar limit for each applicant
2. Complete the entire form below
3. Attach a copy of the first page of your most recent filed federal tax return
4. Drop-off or mail completed form to:

CITY OF NEWPORT
596 7th AVENUE
NEWPORT, MN 55125-3330

5. You will be notified within five (5) business days if you are eligible and amount of assistance you are eligible for.
6. Please feel free to call (651) 459-5677 if you have questions.

**(Income Limits Effective
5/10/2017)**

| Household Size | 1 | 2 | 3 | 4 | Percent of The Total Program Fee Participant is Responsible For |
|-------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Household Income | Less than \$19,000 | Less than \$21,700 | Less than \$24,400 | Less than \$27,100 | \$10 |
| | 19,001- 31,650 | 21,701- 36,200 | 24,401- 40,700 | 27,101- 45,200 | 30% |
| | 31,651- 47,600 | 36,201- 54,400 | 40,701- 61,200 | 45,201- 68,000 | 50% |
| | Greater than 47,601 | Greater than 54,401 | Greater than 61,201 | Greater than 68,001 | 100% |
| Household Size | 5 | 6 | 7 or more | | Percent of The Total Program Fee Participant is Responsible For |
| Household Income | Less than \$29,300 | Less than \$32,960 | Less than \$37,140 | | \$10 |
| | 29,301- 48,850 | 32,961- 52,450 | 37,141- 56,050 | | 30% |
| | 48,851- 73,450 | 52,451- 78,900 | 56,051- 84,350 | | 50% |
| | Greater than 73,451 | Greater than 78,901 | Greater than 84,351 | | 100% |

| | |
|---|--|
| Name Parent/Legal Guardian: | Phone: |
| | <i>Day</i> <i>Evening</i> |
| Address: | |
| Email: | |
| Program(s) for which assistance is needed: | |

List Household Members seeking financial assistance:

| | |
|--------------|--|
| Name: | D.O.B. _____ <i>month/day/year</i> |
| Name: | D.O.B. _____ <i>month/day/year</i> |
| Name: | D.O.B. _____ <i>month/day/year</i> |
| Name: | D.O.B. _____ <i>month/day/year</i> |

| | |
|--|-------------|
| Household Size, number of persons in household: | |
| <i>(line 6D from your most recent 1040 or 1040A Federal tax form)</i> _____ | |
| Adjusted Gross Income, based on household's prior year tax return(s): \$ _____ | |
| <i>(line 37 from your most recent 1040 or line 21 from your most recent 1040A Federal tax form)</i> | |
| Other Non-taxable Income, please provide description: | \$ _____ |
| <u>I certify that the household size and income information shown above is correct. Copies of tax returns, benefit statements (i.e. – social security), and other information verifying income have been included with my application. I understand these documents are required before a discount can be approved.</u> | |
| _____ | |
| Name (Print) | |
| _____ | |
| Signature | Date |