



## Community Services Department Programs

### LOW INCOME RESIDENT FEE ADJUSTMENT GUIDELINES

The Community Services Department has established guidelines to determine if Richmond residents qualify for a fee adjustment, or a reduction in the total fee charged for a specific program or service. According to the Richmond Municipal Code 2.34, fees may be charged to offset costs of programs and services. However, low income, disadvantaged Richmond residents may qualify for a discount based upon their city of residence, the size of their family unit, their financial need and relationship to the person receiving the services. The application form is on the back side of this form.

#### CONDITIONS:

These conditions (criteria) MUST be met by the applicant at the time of registration.

1. The Applicant is a Richmond Resident- Proof of resident status can be met with a copy of current valid driver license, current utility or phone bill with matching name and address as on the Registration Form.
2. The Applicant is the parent or legal guardian of the child or children registering for the program- Proof of relationship can be met with either a copy of the child's birth certificate showing the paternal/maternal name, or a court document stipulating guardianship, custody or other form of appointment.
3. The Applicant is low income defined as per the published U.S. Health and Human Services Department poverty guideline for their family size"- Proof of income status can be met with a current payroll stub for each working adult in the family, a Federal W-2 for each adult in the family, or copy of the most recent Federal Assistance Check, or copy of most recent filed Federal Income Tax.

#### The 2021 Poverty Guidelines

Number of Persons in Family or Household	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 12,880	\$ 16,090	\$ 14,820
2	17,420	21,770	20,040
3	21,960	27,450	25,260
4	26,500	33,130	30,480
5	31,040	38,810	35,700
6	35,580	44,490	40,920
7	40,120	50,170	46,140
8	44,660	55,850	51,360
For each additional person, add	4,540	5,680	5,220

Source: 2021 Poverty Guidelines, Federal Register Notice  
<http://aspe.hhs.gov/poverty/>

# COMMUNITY SERVICES DEPARTMENT

## LOW INCOME RESIDENT FEE ADJUSTMENT APPLICATION FORM



**Instructions:** Please PRINT LEGIBLY. Attach Registration Form with copies of documents verifying conditions: 1) Resident status 2) relationship and 3) family income. Application must be complete with required documents at time of registration.

**Exclusions:** Fee adjustments will apply only to program registration fees for eligible Richmond Residents meeting all qualifications at time of registration (**Applies only to Elevate summer camp, Elevate specialty camp and Elevate afterschool programs**). Extra Course fees for Excursions must be paid in full. The following Programs are EXEMPT from Fee Adjustments- Adult sports and Fitness, City Wide Special Events, Festivals, Contractual Programs, Excursions, Tennis Programs, Aquatics Program, Before and After Camp and others as published in our Activity Guide.

<b>Parent(s) or Guardian's Name:</b>				
<b>Address:</b>		<b>City:</b>		<b>Zip:</b>
<b>Home#</b>	<b>Cell#</b>		<b>Work#</b>	
<b>Activity – Program</b>			<b>Site:</b>	
<b>Qualifications</b>	<b>Please Circle</b>			<b>Required Documents</b>
<b>1) Resident Status</b>	Yes	No	Richmond Resident?	<b>If your answer is NO, you <u>DO NOT</u> qualify.</b>
				If YES please submit Driver's License or Utility Bill
<b>2) Relationship</b>	Yes	No	Related to child/children?	<b>Must be a Parent or Legal Guardian to qualify.</b>
	Yes	No	Parent?	Child's Birth Certificate
	Yes	No	Legal Guardian?	Court Document determining relationship with your name and child's name.
<b>3) Income</b>	Yes	No	My family income is above 200% HHS Poverty Guideline	<b>If your answer is YES, you <u>DO NOT</u> qualify.</b>
	<b>I certify that my total family income is:</b> Monthly: \$                      Annual: \$			Most recent Payroll Stubs (one month) Federal W-2 Federal Assistance Check or Determination Letter Income Tax Form Filed
	<b>All adults in household receiving an income must submit income tax form.</b>			
<b>List of Names- Include All Household Family Members</b>	<b>Size of Family Unit</b>	<b>HHS Poverty Guideline Annual Income</b>		<b>Low Income 200% Limit</b>
<b>Applicant</b>	1	\$ 12,880		\$ 25,760
	2	17,420		34,840
	3	21,960		43,920
	4	26,500		53,000
	5	31,040		62,080
	6	35,580		71,160
	7	40,120		80,240
	8	44,660		89,320
	For each Additional person, ADD	4,540		9,080
<b>I certify under penalty of perjury that the above information is true and complete as of the date of this application and registration into the program listed above. I understand that all fees and verification documents are due at time of registration.</b>				
<b>Signature:</b>			<b>Date:</b>	
Office Use Only Based upon the information given above and attached hereto, a fee adjustment is:				
<b>Denied- Qualifications not met.</b>	<b>Residency (    )</b>		<b>Relationship (    )</b>	<b>Income &lt;200%PGL (    )</b>
<b>Approved</b>	<b>50% off program cost</b>			
<b>Signature of Manager:</b>				<b>Date:</b>