

# KEARNEY PARK AND RECREATION

## Financial Assistance Program

A 50% reduced fee for youth program registration and swimming pool passes for lower income families. If you are currently eligible for public assistance and/or meet income guidelines, you may apply for this reduced fee. The reduced fee is only for immediate family members. You will be required to show proof of income and social service identification by submitting the following: the first page of your previous year tax return. If you did not file a return, you must provide your most recent pay stubs. A SNAP benefit card can also be used to verify income eligibility.

Please indicate approximate monthly income, including child support and/or other benefits and size of household:

\$ \_\_\_\_\_/month # in household \_\_\_\_\_

## INCOME ELIGIBILITY GUIDELINES

If your household income is at or below the level shown on this scale, your family is eligible for financial assistance.

| HOUSEHOLD SIZE                  | INCOME              |         |
|---------------------------------|---------------------|---------|
|                                 | MONTH               | YEAR    |
| 1                               | \$1681              | \$20175 |
| 2                               | \$2273              | \$27270 |
| 3                               | \$2864              | \$34365 |
| 4                               | \$3455              | \$41460 |
| 5                               | \$4046              | \$48555 |
| 6                               | \$4638              | \$55650 |
| 7                               | \$5229              | \$62745 |
| 8                               | \$5820              | \$69840 |
| For each additional member add  | +\$591              | +\$7095 |
| Parent/Guardian Name _____      | Phone _____         |         |
| Address _____                   |                     |         |
| Child's Name _____              | Date of Birth _____ |         |
| Child's Name _____              | Date of Birth _____ |         |
| Child's Name _____              | Date of Birth _____ |         |
| Child's Name _____              | Date of Birth _____ |         |
| Parent/Guardian Signature _____ | Date _____          |         |

The Income Guidelines are a combination of the State of Nebraska, Health and Human Services Food Stamp Program and the Kearney Public Schools Reduced Price Meal program.