



Financial Support Program (FSP) Information & Application Packet

Thank you for your interest in programs, trips and memberships at the Rambling River Center. Information and application for the FSP is available in this packet.

Please return completed application, supporting materials and registration form to:

Missie Kohlbeck, Recreation Supervisor
Rambling River Center
325 Oak Street
Farmington, MN 55024

Farmington Seniors

The Rambling River Center is committed to providing quality programs and services, while encouraging the involvement of adults over age 50.

325 Oak Street
Farmington, MN 55024

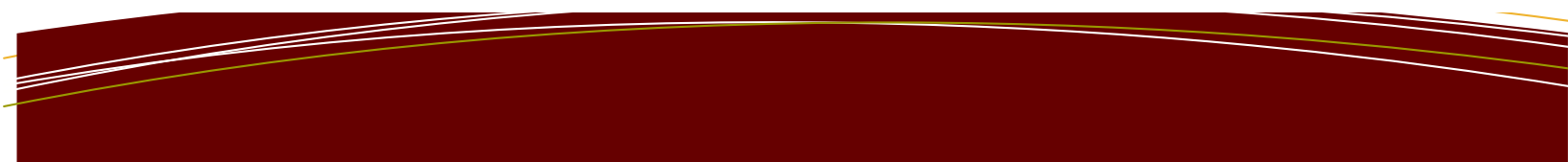
P: 651.280.6970

F: 651-280-6979

www.ci.farmington.mn.us



Rambling River Center's Financial Support Program

1. Financial aid is given to all adults' ages 62 years and over and to adults between the ages of 50 and 61 years who meet the low to moderate income level.
 2. FSP can be used for either an annual membership, lessons, programs and/or activities offered by Rambling River Center. Some restrictions may apply so check with Rambling River Center staff first to make sure the financial aid money qualifies for the service you want to purchase.
 3. Maximum amount given per calendar year will be \$50 per household member.
 4. Applicants must be residents living within the boundaries of ISD #192.
 5. Applications must be completed and received in the Recreation Supervisor's office at Rambling River Center located at 325 Oak Street, Farmington, MN.
 6. All application and financial information provided are considered private data on individuals and is subject to privacy of information provisions, pursuant to State Statute.
 7. City staff reserves the right to verify all information contained on the application form in order to grant, deny or revoke any FSP monies.
 8. Applicants will only be notified if the FSP request has been denied. Notification will occur in a timely manner by email or phone.
 9. A completed program registration and any partial payment must accompany the FSP application form.
 10. Failure to attend an activity or program that has been paid through the FSP program may jeopardize future FSP funding but will be determined on a case by case basis.
 11. Persons applying for FSP funding must meet certain income limits to qualify for FSP funding. Applicant must acknowledge by signing the application form that they meet the low to moderate income guidelines if using this method of determining eligibility for financial aid.
 12. We understand that from time to time households may encounter some unforeseen and unfortunate financial circumstances. During these times this program may provide some financial aid to help the household meet some of their social and recreational needs. If you feel you are in need of financial aid, but do not meet the low to moderate income guidelines, please attach a letter to your registration form stating your circumstances. These are special circumstances and will be handled on a case-by-case basis.
 13. Financial Support will be granted only if funds are available.
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RRC's Financial Support Program Application

Please complete all information. We reserve the right to verify all information contained on this form.

Applicant's Name: _____ Birth Date: _____

Date of Initial Request: _____ Date(s) of Additional Request: _____

Address: _____ City/St/Zip: _____

Home Phone: _____

Email _____

**Email address will be used to notify applicant of the decision or if additional information is needed.*

List number of family members living in household: _____

Please complete all information. We reserve the right to verify all information contained on this form.

Specifically List the **Membership** and/or **Program**, and **Amount** you are requesting. **Request can NOT be made to "hold" money**, only requests for current programs will be processed. You may add until you reach the \$50 limit, no need to fill out new form staff can retrieve from file to add additional requests to :

Quarter One Requests
Example: \$35 membership

Quarter Two Requests

Quarter Three Requests
Example: \$6 Fun Friday

Quarter Four Requests
Example: \$7 Rotary Christmas

Applicants requesting financial support must meet at least one of the following criteria:

- 50 years of age and older and live in a low to moderate income household as defined by the Federal Department of Housing and Urban Development (HUD).
- 62 years of age and older

Please note: All applicants seeking to qualify under the low to moderate income level must show proof of income by completing HUD's Self Certification Form. Please see back of form for income limits.

NOTICE: The application period is for the annual calendar year. Any change in income that would cause the applicant to exceed the income eligible limits set forth by HUD will cause the applicant to no longer be eligible for this program unless the applicant's income level changes and meets the income eligible limits set by HUD. A new application form must be completed each calendar year in order to verify that the applicant meets the current income eligible limits set by HUD. Please allow a period of at least five (5) business days to determine scholarship eligibility.

Acknowledgement of Correct Information:

I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to the Farmington Parks and Recreation Department to verify this information. I understand that if any information on this application form is found to be incorrect, my privileges of applying for financial support could be revoked.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Participant New to FSP Yes/No

Request is: ____Approved ____Denied

Date in Computer: _____

Signature of Parks and Recreation Director or Designee _____ Date _____

Self Certification Form – 2016 (effective 03/28/16)

Dakota County CDBG Program

Information on annual family income and race is required to determine eligibility for public services funded with federal Community Development Block Grant (CDBG) funds. Each participant must indicate the number of persons in their household, and then CHECK THE BOX that contains the amount of annual family income.

INCOME is defined as the total annual gross income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the household based on anticipated income expected within the next 12 months.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

Table with 5 columns: Household size (1-8) and corresponding income ranges with checkboxes.

Please calculate your total assets, including (a) checking, savings and other account balances; (b) tax assessed value of real estate owned other than your home; (c) cash value/equity of any Life Insurance Policy; and (d) any other assets. NOTE: a percentage of assets will be calculated by staff as part of income (example: \$100,000 assets x 2.0% = \$2,000).

Total Assets = \$ _____

Please check your Ethnicity (pick 1 of 2): [] Hispanic or [] Non-Hispanic

Please check your Race (pick 1 of 10 choices):

- Checkboxes for race categories: White, Black or African American, Asian & White, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, Other, Black/African American & White, American Indian/Alaskan Native & White, Asian, American Indian/Alaskan Native & Black.

Does your family have a FEMALE HEAD OF HOUSEHOLD? Yes No

Program or Activity _____ Dates of Participation _____

Birth Date of Participant _____

APPLICANT STATEMENT: I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City, the Dakota County CDA, or the U.S. Department of Housing & Urban Development. I, therefore, authorize such verification, and I will provide supporting documents, if necessary. WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Participant or Beneficiary Name (Please Print)

Signature (Parent or Guardian, if participant is under 18 years old)

Date