

City of Madison Reduced Rate Application

(check all that you're applying for)

Community Center

(Rate Will be Determined)

City Rec (50% reduce rate)

Madison Aquatic Center

\$50 Family / \$25 Individual

Swim Lessons (\$5 for lessons)

The Madison Community Foundation has a fund set up for households who qualify. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. Residents approved for financial assistance are eligible for a reduced membership rate to the Community Center, Madison Outdoor Aquatic Center, and reduced rate of 50% on all Community Center and Madison Park / Recreation programs and swimming lessons for \$5 per registration.

Please return this application with the appropriate income verification or signature from authorized Social Services Agent to The Community Center, Attn: Director, 820 N Washington, Madison, SD 57042

Yes, I'm interested in volunteering a few hours per week to help offset the cost

Last Name: _____ First Name: _____

Gender: _____ Birth date: _____

Which type of Com. Center Membership or MAC Season swim pass ? _____

Please list additional information below for family and couple memberships:

	FULL NAME	BIRTHDATE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Knowing that the normal fee is \$ _____, what do you think you can pay? \$ _____ Our program usually does not allow us to cover the fee completely, so please enter an amount that is possible for you to pay. State the special financial need which makes it impossible for you to pay the entire fee: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Employer: _____

TOTAL YEARLY INCOME:

- Under \$13,000 13,000 to \$17,999 \$18,000 to \$22,999
 \$23,000 to \$26,999 \$27,000 to \$31,999 Over \$32,000

Does applicant qualify for Food Stamps, Medicaid or Federal free or reduced lunch program? Yes No
*If yes, please bring verification with you at time of application submittal.

Signature (Parent/Guardian if under 18)

Date

FOR
OFFICE USE
ONLY

Date Received

Date Approved

Scholarship Approval Amount

Comments: _____

Authorized Signature or Social Service Signature: _____



Acceptable Documents to Show Proof of Financial Hardship

You will be asked to show proof of the financial hardship you have experienced due directly or indirectly to the criteria listed. The following chart tells you what forms of documents we accept for proof, depending on what type of hardship you've experienced. Reduced rate application for membership is valid for one year. When membership expires requalification is required.

Income Loss/ Reduction	Acceptable Documentation
Net monthly income 100% or less of the Federal Poverty Guidelines	<ul style="list-style-type: none"> • South Dakota SNAP: SD EBT Card • South Dakota Medicaid: SD Medical Benefit card • Proof of Income: Pay Stubs (2 Months) • (or) Last filed tax return
Lost Employment	<ul style="list-style-type: none"> • Unemployment Compensation Statement • Termination/Furlough letter from Employer • Pa_y stub from previous employer with indication that the place of employment has closed <p>*NOTE: Membership Assistance and membership expires after 2 months. Must reapply.</p>
Medical Expenses Incurred	<ul style="list-style-type: none"> • Letter from hospital's business office