Financial Aid Policy and Guidelines for Troy Recreation Dept. Programs:
The financial aid policy is intended to help those Troy residents who are experiencing temporary financial hardship. Participants should not expect the program to sponsor the total recreational needs of the individual.

1) Decisions regarding assistance are final.
2) It is intended that this assistance be temporary. Participants may be required to pay full or partial cost.
3) Granting of assistance is based on low-income status (see below) and any extenuating circumstances.

The guidelines are devised under the Oakland County Community Development Block Grant Program - Income Limits as established by the US Department of Housing and Urban Development.

4) Assistance is limited to one activity or program per child/senior, per term.
5) Some programs and activities conducted by contractors do not offer assistance. Assistance is not available for trips.

Low income is defined as follows (effective for all applications received on or after 3/28/16):

<table>
<thead>
<tr>
<th>Persons/Household</th>
<th>Extremely Low Income</th>
<th>Very Low Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;$14,050</td>
<td>$23,450</td>
<td>$37,450</td>
</tr>
<tr>
<td>2</td>
<td>&lt;$16,050</td>
<td>$26,800</td>
<td>$42,800</td>
</tr>
<tr>
<td>3</td>
<td>&lt;$20,160</td>
<td>$30,150</td>
<td>$48,150</td>
</tr>
<tr>
<td>4</td>
<td>&lt;$24,300</td>
<td>$33,450</td>
<td>$53,500</td>
</tr>
<tr>
<td>5</td>
<td>&lt;$28,440</td>
<td>$36,150</td>
<td>$57,800</td>
</tr>
<tr>
<td>6</td>
<td>&lt;$32,580</td>
<td>$38,850</td>
<td>$62,100</td>
</tr>
<tr>
<td>7</td>
<td>&lt;$36,730</td>
<td>$41,500</td>
<td>$66,350</td>
</tr>
<tr>
<td>8</td>
<td>&lt;$40,890</td>
<td>$44,200</td>
<td>$70,650</td>
</tr>
</tbody>
</table>

Financial Aid Policy for Community Center Annual Unlimited Pass Holders:
The discount for low-income Troy residents only is intended to help those who are experiencing temporary financial hardship. Participants should not expect the program to sponsor the total recreational needs of the individual. Please see chart above.

1) Decisions regarding assistance are final. It is intended that this assistance be temporary.
2) Granting of assistance is based on low-income status (see below).
3) Application form must be submitted with ALL required verification and financial information.

<table>
<thead>
<tr>
<th>Extremely Low Income</th>
<th>Very Low Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>15%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Disabled Resident Discount Policy for Community Center Annual Unlimited Pass Holders:
This discount (10%) is intended to help those Troy residents who are experiencing a long-term permanent disability. Participants should not expect the program to sponsor the total recreational needs of the individual.

1) Decisions regarding assistance are final.
2) Granting of assistance is based on a permanent physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.
3) Form A" must be submitted after certification by a physician.
4) Once application is on file, this does not need to be submitted on an annual basis, although residency must be verified at each renewal.

Senior Resident Discount Policy for Classes:
Troy residents age 55 and older that fall within the VERY LOW INCOME levels stated above may receive a 25% discount on classes as indicated in the senior citizen newsletter. The discount is available only for those classes indicated in the newsletter and individuals are limited to one class per person, per term.

IMPORTANT NOTES:
- Application form must be submitted with proper verification and financial information.
- Only one Community Center Pass Holder discount can be applied per person.
- A new application form is required every 12 months with proper verification and financial information (Exception – Disability Discount as noted above).

Rev 9/16
Financial Assistance Confidential Application Form
For Troy Residents Only

Received by: (name of staff) __________

Please make sure this form is fully completed and the following is also attached:
1) appropriate financial information; 2) pass application form; or 3) registration form

Have you applied for financial assistance in the past through Troy Parks and Recreation? ________
If YES, when? _______________ ...And for what program(s)? __________________________________________________________________________

Personal
Name ___________________________ Spouse’s Name ___________________________
Address __________________________________ City __________________________ Zip _______
# of years/months @ this address _____ years and _____ months
Phone: Home ______________ Work ______________ Email __________________________

TOTAL Number of exemptions you claim on your current federal income tax document

Dependent Children: Age Rec Pass Program If assistance is requested for a program, list activity and number
Name ____________________ _____ [ ] [ ]
Name ____________________ _____ [ ] [ ]
Name ____________________ _____ [ ] [ ]
Name ____________________ _____ [ ] [ ]

Employment
Are you currently employed? Yes No
My Employer ___________________________ Spouse’s Employer ___________________________
Address ___________________________ Address ___________________________
Occupation ________________________ Occupation ________________________
Length of time with employer ____________ Length of time with employer ____________

Income
Monthly gross $ ____________ Spouse’s monthly gross $ ____________
Annual gross $ ____________ Spouse’s annual gross $ ________
Other income (child/spousal support, etc.) ____________________ Annual Gross $ ______
TOTAL GROSS PER YEAR FOR HOUSEHOLD $ ____________

If you receive state or federal aid, food stamps, medical aid, etc., please list: __________________________

General
Please share your reason for need of financial assistance: __________________________
Percentage of fee you can provide (for Recreation programs only) ____________

I certify that the above listed information is correct. If any information is determined to be false, I understand that my Troy Community Center Recreation pass will be declared invalid; or I will be terminated from the activity/program. I agree to provide the following documentation for verification: Financial assistance/low income discount – Current filed Federal or State Income Tax Form 1040 and W-2 statement; Other items may also be requested: pay stubs, SSI, unemployment papers, etc… Disability discount – “Form A” must be submitted after certification and signed by a physician.

Applicant’s Signature ___________________________ Date ____________

For Department Use Only

Approved by __________ Date __________
Documentation provided: [ ] Pay stub [ ] Income tax form [ ] Other __________
Program requested Activity # Registration Fee % Discount Amount Paid by Applicant Amount Subsidized

% %
City of Troy Recreation Department

Disability Assistance Confidential Form A
For Community Center Annual Unlimited Pass Holders (Residents Only – Discount is 10%)

Please make sure this form is fully completed or it will be returned to applicant!

Once application is on file, this form does not need to be submitted on an annual basis, although residency must be verified at each renewal. Please complete and sign Part 1. Your physician must complete and sign Part 2. Application cannot be processed without signed release and physician’s certification.

Part 1: Release of Information and Signature

Please PRINT!

Name ____________________________ Date of Birth ____________________

Home Address ____________________________ Zip Code ______________

Nature of Impairment ____________________________________________

Home Phone ______________ Work Phone ______________ Email address ______________________

I certify that the above listed information is correct. If any information is determined to be false, I understand that my Troy Community Center Recreation pass will be declared invalid.

_____________________________________________ Date

Signature of Disabled Person

_____________________________________________ Date

Signature of Representative (if presented by representative)

Part 2: Physician’s Certification

Please PRINT!

Patient’s condition is: [ ] Permanent [ ] Temporary

Physician’s Name ____________________________

Street Address ____________________________ City __________________

State _______ Zip Code ______________ Office Phone ______________ Office Fax ______________

Nature of Impairment for patient listed above __________________________________________

Medical Specialty ____________________________ Medical License # ______________

I certify the information listed above for the said person is correct.

Physician’s Signature ____________________________ Date ______________

For Department Use Only

Approved by ______________ Date ______________ Additional documentation provided (if any) ______________

Program requested

CC Annual Pass

Registration Fee % Discount

10% ______________ Amount Paid by Applicant ______________

Amount Subsidized ______________