



RRC's Financial Support Program

All applicants ages 50-62 requesting financial support must live in Independent School District #192.

Applicants 62 and over. Please complete front of form.

- Applicant qualify automatically if 62 years of age and older living in Independent School District #192.

Applicants between ages 50 and 62 may qualify by showing proof of income by completing HUD's Self Certification Form. Please complete front and back of form.

- 50 years of age and older living in Independent School District #192) also qualify. If they live in a low to moderate income house hold as defined by the Federal Department of Housing and Urban Development (HUD) living in Independent School District #192

The maximum annual amount will be \$25 per household member.

Specifically list the Membership and/or Program, and the Amount you are requesting.

Request can NOT be made to "hold" money, only requests for current programs will be processed. You will need to fill out a new form so staff can track additional requests:

Applicant's Name: _____ Birth Date: _____
 Address: _____ City/State/Zip: _____
 Phone Number: _____ List number of family members living in household: _____
 Email: _____ Participant New to FSP Yes/No: _____
 Name of Request (Program Name, Membership, etc.): _____ Amount Requested: \$ _____

Signature of Applicant: _____ Date: _____

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 longer to verify that the applicant meets the current income eligible limits set by HUD. Please allow for 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 is found to be incorrect, my privileges of applying for financial support could be revoked.

FOR OFFICE USE ONLY

Request is: Approved _____ Denied _____ Date in Computer: _____ Signature of
 Parks and Recreation Director or Designee _____

Income Self-Certification Form – 2024 (effective May 1, 2024)

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):

- | | | | | |
|-----------------|---|--|---|-------------------------------------|
| Household of 1: | <input type="checkbox"/> \$0 - \$26,100 | <input type="checkbox"/> \$26,101 - \$43,500 | <input type="checkbox"/> \$43,501 - \$68,500 | <input type="checkbox"/> \$68,501+ |
| Household of 2: | <input type="checkbox"/> \$0 - \$29,800 | <input type="checkbox"/> \$29,801 - \$49,700 | <input type="checkbox"/> \$49,701 - \$78,250 | <input type="checkbox"/> \$78,251+ |
| Household of 3: | <input type="checkbox"/> \$0 - \$33,550 | <input type="checkbox"/> \$33,551 - \$55,900 | <input type="checkbox"/> \$55,901 - \$88,050 | <input type="checkbox"/> \$88,051+ |
| Household of 4: | <input type="checkbox"/> \$0 - \$37,250 | <input type="checkbox"/> \$37,251 - \$62,100 | <input type="checkbox"/> \$62,101 - \$97,800 | <input type="checkbox"/> \$97,651+ |
| Household of 5: | <input type="checkbox"/> \$0 - \$40,250 | <input type="checkbox"/> \$40,251 - \$67,100 | <input type="checkbox"/> \$67,101 - \$105,650 | <input type="checkbox"/> \$105,651+ |
| Household of 6: | <input type="checkbox"/> \$0 - \$43,250 | <input type="checkbox"/> \$43,251 - \$72,050 | <input type="checkbox"/> \$72,051 - \$113,450 | <input type="checkbox"/> \$113,451+ |
| Household of 7: | <input type="checkbox"/> \$0 - \$46,200 | <input type="checkbox"/> \$46,201 - \$77,050 | <input type="checkbox"/> \$77,051 - \$121,300 | <input type="checkbox"/> \$121,301+ |
| Household of 8: | <input type="checkbox"/> \$0 - \$49,200 | <input type="checkbox"/> \$49,201 - \$82,000 | <input type="checkbox"/> \$82,001 - \$129,100 | <input type="checkbox"/> \$129,101+ |

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):

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> 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