

Lakeville Area Active Adults Financial Support Program Application

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

- City of Lakeville residents 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).
- City of Lakeville residents 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 in addition to the information below. Please see back of this form.

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

Today's Date: _____

Applicant's Name: _____ Birth Date: _____

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: _____

Specifically List the Membership and/or Program, Date, and Amount you are requesting:
(Example: membership dues \$20.00 or Chanhassen Dinner Theater – Fiddler on the Roof trip \$30.00)

| Program | Dates of Participation | AMOUNT |
|---------|------------------------|--------|
|---------|------------------------|--------|

TOTAL AMOUNT:

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

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

- White Black or African American American Indian/Alaskan Native & Black Other
- Asian Black/African American & White American Indian or Alaskan Native
- Asian & White American Indian/Alaskan Native/White Native Hawaiian or Other Pacific Islander

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

Acknowledgement of Correct Information:

I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to the Lakeville 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. 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. If information given is found to be incorrect, this financial support may be revoked. **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.

Signature of Applicant: _____ Date: _____

City of Lakeville residents age 50-61 must also fill out the other side of this form

Self Certification Form 2017
Dakota County CDBG Program

City of Lakeville residents age 50-61 must complete this section:

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 - \$18,050 | <input type="checkbox"/> \$18,051 - \$30,050 | <input type="checkbox"/> \$30,051 - \$46,000 | <input type="checkbox"/> \$46,001+ |
| Household of 2: | <input type="checkbox"/> \$0 - \$20,600 | <input type="checkbox"/> 20,601 - \$34,350 | <input type="checkbox"/> \$34,351 - \$52,600 | <input type="checkbox"/> \$52,601+ |
| Household of 3: | <input type="checkbox"/> \$0 - \$23,200 | <input type="checkbox"/> \$23,201 - \$38,650 | <input type="checkbox"/> \$38,651 - \$59,150 | <input type="checkbox"/> \$59,151+ |
| Household of 4: | <input type="checkbox"/> \$0 - \$25,750 | <input type="checkbox"/> \$25,751 - \$42,900 | <input type="checkbox"/> \$42,901 - \$65,700 | <input type="checkbox"/> \$65,701+ |
| Household of 5: | <input type="checkbox"/> \$0 - \$28,440 | <input type="checkbox"/> \$28,441 - \$46,350 | <input type="checkbox"/> \$46,351 - \$71,000 | <input type="checkbox"/> \$71,001+ |
| Household of 6: | <input type="checkbox"/> \$0 - \$32,580 | <input type="checkbox"/> \$32,581 - \$49,800 | <input type="checkbox"/> \$49,801 - \$76,250 | <input type="checkbox"/> \$76,251+ |
| Household of 7: | <input type="checkbox"/> \$0 - \$36,730 | <input type="checkbox"/> \$36,731 - \$53,200 | <input type="checkbox"/> \$53,201 - \$81,500 | <input type="checkbox"/> \$81,501+ |
| Household of 8: | <input type="checkbox"/> \$0 - \$40,890 | <input type="checkbox"/> \$40,891 - \$56,650 | <input type="checkbox"/> \$56,651 - \$86,750 | <input type="checkbox"/> \$86,751+ |

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 = \$ _____

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 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. **If information given is found to be incorrect, this financial support may be revoked. 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

FOR OFFICE USE ONLY

Date and initials of staff person receiving application: _____ **Request is:** ___ Approved ___ Denied

Financial Support Tracking Number: _____ Added to Spreadsheet _____

Signature of Parks and Recreation Director or Designee

Date