



Financial Support Program (FSP) Information & Application Packet

Thank you for your interest in memberships with the Lakeville Area Active Adults. Information and application for the FSP is available in this packet.

Please return completed application to:

Lakeville Heritage Center
20110 Holyoke Ave
Lakeville, MN 55044

Lakeville Area

Active Adults

The Lakeville Area Active Adults will strive to meet the recreational, social and educational needs of members age 50 and older in an enjoyable, inclusive and courteous environment.

20110 Holyoke Ave

Lakeville, MN 55044

P: 952-985-4620

www.lakeville.mn.us



Lakeville Area Active Adults

1. Financial aid is given to all City of Lakeville residents 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 may be used for the sole purpose of your annual membership to the Lakeville Area Active Adults.
3. Applicants must be residents living within the boundaries of the City of Lakeville.
4. Applications must be completed and sent to the Lakeville Heritage Center office located at 20110 Holyoke Ave, Lakeville, MN 55044.
5. All application and financial information provided is considered private data and is subject to privacy of information provisions, pursuant to State Statute.
6. City staff reserves the right to verify all information contained on the application form in order to grant, deny or revoke any FSP monies.
7. Applicants will only be notified if the FSP request has been denied. Notification will occur in a timely manner by email or phone.
8. A completed membership registration must accompany the FSP application form.
9. 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.
10. Persons age 50-61 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.
11. If applicants age 50-61 do not meet the income requirements but have a need for assistance, please check with the staff at the Heritage Center for more information on other assistance options.
12. Financial Support will be granted only if funds are available.

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: _____

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

Please check your Race (pick 1):

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

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

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



| Program | Dates of Participation | AMOUNT |
|-----------------|------------------------|--------|
| LAAA Membership | | |

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 _____

**Self Certification Form 2024
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):

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).

| | | | | |
|-----------------|---|--|---|-------------------------------------|
| Household of 1: | <input type="checkbox"/> \$0 - \$26,100 | <input type="checkbox"/> \$26,101 - \$43,500 | <input type="checkbox"/> \$43,501 - \$66,300 | <input type="checkbox"/> \$66,301+ |
| Household of 2: | <input type="checkbox"/> \$0 - \$29,800 | <input type="checkbox"/> \$29,801 - \$49,700 | <input type="checkbox"/> \$49,701 - \$75,750 | <input type="checkbox"/> \$75,751+ |
| Household of 3: | <input type="checkbox"/> \$0 - \$33,550 | <input type="checkbox"/> \$33,551 - \$55,900 | <input type="checkbox"/> \$55,901 - \$85,200 | <input type="checkbox"/> \$85,201+ |
| Household of 4: | <input type="checkbox"/> \$0 - \$37,250 | <input type="checkbox"/> \$37,251 - \$62,100 | <input type="checkbox"/> \$62,101 - \$94,650 | <input type="checkbox"/> \$94,651+ |
| Household of 5: | <input type="checkbox"/> \$0 - \$40,250 | <input type="checkbox"/> \$40,251 - \$67,100 | <input type="checkbox"/> \$67,101 - \$102,250 | <input type="checkbox"/> \$102,251+ |
| Household of 6: | <input type="checkbox"/> \$0 - \$43,250 | <input type="checkbox"/> \$43,251 - \$72,050 | <input type="checkbox"/> \$72,051 - \$109,800 | <input type="checkbox"/> \$109,801+ |
| Household of 7: | <input type="checkbox"/> \$0 - \$46,200 | <input type="checkbox"/> \$46,201 - \$77,050 | <input type="checkbox"/> \$77,051 - \$117,400 | <input type="checkbox"/> \$117,401+ |
| Household of 8: | <input type="checkbox"/> \$0 - \$49,200 | <input type="checkbox"/> \$49,201 - \$82,000 | <input type="checkbox"/> \$82,001 - \$124,950 | <input type="checkbox"/> \$124,951+ |

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 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.

Participant or Beneficiary Name (Please Print)

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

Date