

Lakeville Area Active Adults

Financial Support Program (FSP)

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. 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.
10. 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.
11. 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 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: _____

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

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"/> American Indian/Alaskan Native & | <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 | |

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: _____

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 _____