

# City of Madison Reduced Rate Application

(check all that you're applying for)

\_\_\_\_\_ **Community Center**

(Rate Will be Determined)

\_\_\_\_\_ **City Rec** (50% reduce rate)

\_\_\_\_\_ **Madison Aquatic Center**

\$25 Family / \$15 Individual

\_\_\_\_\_ **Swim Lessons** (\$5 for lessons)

The Madison Community Foundation has a fund set up for households who qualify. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. Residents approved for financial assistance are eligible for a reduced membership rate to the Community Center, Madison Outdoor Aquatic Center, and reduced rate of 50% on all Community Center and Madison Park / Recreation programs and swimming lessons for \$5 per registration.

Please return this application with the appropriate income verification or signature from authorized Social Services Agent to The Community Center, Attn: Director, 820 N Washington, Madison, SD 57042

\_\_\_\_\_ Yes, I'm interested in volunteering a few hours per week to help offset the cost

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Which type of Com. Center Membership or MAC Season swim pass? \_\_\_\_\_

Please list additional information below for family and couple memberships:

	FULL NAME	BIRTHDATE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Knowing that the normal fee is \$ \_\_\_\_\_, what do you think you can pay? \$ \_\_\_\_\_ Our program usually does not allow us to cover the fee completely, so please enter an amount that is possible for you to pay. State the special financial need which makes it impossible for you to pay the entire fee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

TOTAL YEARLY INCOME:

- Under \$13,000       13,000 to \$17,999       \$18,000 to \$22,999  
 \$23,000 to \$26,999       \$27,000 to \$31,999       Over \$32,000

Does applicant qualify for Food Stamps, Medicaid or Federal free or reduced lunch program?  Yes  No

\*If yes, please bring verification with you at time of application submittal.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

FOR  
OFFICE USE  
ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Scholarship Approval Amount

Comments: \_\_\_\_\_

Authorized Signature or Social Service Signature: \_\_\_\_\_





## Acceptable Documents to Show Proof of Financial Hardship

You will be asked to show proof of the financial hardship you have experienced due directly or indirectly to the criteria listed. The following chart tells you what forms of documents we accept for proof, depending on what type of hardship you've experienced.

Income Loss/ Reduction	Acceptable Documentation
Net monthly income 100% or less of the Federal Poverty Guidelines	<ul style="list-style-type: none"> <li>• South Dakota SNAP: SD EBT card</li> <li>• South Dakota Medicaid: SD Medical Benefit card</li> </ul>
Lost Employment	<ul style="list-style-type: none"> <li>• Unemployment Compensation Statement</li> <li>• Termination/Furlough letter from Employer</li> <li>• Pay stub from previous employer with indication that the place of employment has closed</li> </ul> <p>*NOTE: Membership Assistance and membership expires after 2 months. Must reapply.</p>
Medical Expenses Incurred	<ul style="list-style-type: none"> <li>• Letter from hospital's business office</li> </ul>

