



**CITY OF BOULDER  
PARKS AND RECREATION  
FINANCIAL AID APPLICATION**

The City of Boulder Parks and Recreation Department’s Financial Aid Program provides assistance to those of low income by providing a 50% discount to those that qualify. Applications are accepted year round. Please complete the attached form and submit with all required documentation. You will be contacted within seven (7) business days of your approval status. Applications are valid for one year from approval date.

**Contact:**

- **Phone:** 303-413-7200
- **Secure fax:** 303-413-7276
- **Email:** moorek@bouldercolorado.gov

**Hand Deliver to:**

<b>Admin Office</b> 3198 Broadway Boulder, CO 80304 c/o Business Services	<b>NBRC -NORTH</b> 3170 Broadway Boulder, CO 80304 c/o Manager on Duty	<b>SBRC-SOUTH</b> 1360 Gillaspie Boulder, CO 80305 c/o Manager on Duty	<b>EBCC-EAST</b> 5660 Sioux Dr Boulder, CO 80303 c/o Manager on Duty
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**Financial Assistance Allotted Per Person:**

- Adults and Seniors are allotted 1 class per season at 50% off (Winter, Spring, Summer, Fall)
- Youth (ages 18 and younger) are allotted 2 classes per season at 50% off

**List of programs eligible for financial aid:**

- Day camps(*ex. Kids Kamp, school day-off camps*)
- City of Boulder Registered Classes (*see terms & exclusions below*)
- Daily drop-in fees for the recreation centers and outdoor pools (*Drop-in classes included*)
- Recreation center punch cards (*10, 20, 40*) and annual passes
- EXPAND programs and services (*programming for people with disabilities*)
- YSI programs and services (*programming for underrepresented populations*)
- Drop-child care

**Annual Income Limits:**

Family Size	1	2	3	4+
<b>Annual Income Limit</b>	\$0 – 34,800	\$0 – 39,800	\$0 – 44,750	\$0 – 49,700 + \$5000 each added family member

**Terms and Exclusions:**

Private lessons, personal training, contractual programs and contractual camps are not eligible for financial aid through the Parks and Recreation Department. Please contact the company that runs the program for their financial assistance procedures.

Financial Aid recipients may be withdrawn from the program and become ineligible for future assistance due to “no showing” and/or excessive absences.

**Verification of Eligibility**

**Residency:**

Please (1) check the correct residency and (2) provide **ONE** of the required documents listed below:

1. **Residency (choose one):**
  - Resident of the City of Boulder
  - Non-City of Boulder Resident **Zip code:** \_\_\_\_\_
  - OTHER (*Homeless, EFAA, Families placed in emergency transitional services*)
    - Agency Letter is required to confirm that you are receiving services
2. **Proof of Residency (provide one):**
  - Most recent 1040 income tax return/ Colorado ID or license
  - Lease, deed or property tax receipt
  - Utility bill from the City of Boulder, Xcel Energy, or a phone company.
  - If you do not have any of the documents listed, complete a "Landlord Affidavit."

**Income Level + Family members (provide one):**

- Most recent 1040 income tax return (page one only)
- Current SSI or SSDI letter (which states monthly income)
- Other proof of annual income and family members (ex. Last 2 pay stubs, Medicaid/CHP, Bldr Housing Partners lease or form, Birth certificate for children not reported on 1040 income tax return)

**Exception Requests – Please complete an Application of Exception if:**

- You are unable to provide proof of annual income
- You were not required to file a Federal Income Tax Return
- You do not qualify based on your income level but feel you still require financial aid
- You qualify, but feel you need a higher level of financial aid than you qualify for

**Family Information** *Family is defined as those who represent themselves as a family unit & live at the same address.*

Last Name: _____	First: _____	Birth date: _____
Last Name: _____	First: _____	Birth date: _____
Last Name: _____	First: _____	Birth date: _____
Last Name: _____	First: _____	Birth date: _____
Last Name: _____	First: _____	Birth date: _____

Street Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Total # of children in household:** \_\_\_\_\_ **Total # of adults/seniors in household:** \_\_\_\_\_

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I hereby grant my permission to the City of Boulder staff to verify my eligibility including but not limited to review federal income tax return and to have information released to them.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Initial approval subject to verification.\**

<b>FOR OFFICE USE ONLY:</b>	
Date received _____	Date Approved _____
Approved by _____	Income Limit approved _____