



Parks & Recreation

# DISCOUNT ASSISTANCE PROGRAM

July 1, 2019- June 30, 2020

James City County Parks & Recreation's Discount Assistance Program makes it possible for citizens to benefit from participation in our programs.



5320 Palmer Lane, Suite 2A  
Williamsburg, VA 23188  
757-259-5414

[jamescitycountyva.gov/recreation](http://jamescitycountyva.gov/recreation)

## BENEFITS

### If I qualify, what benefits can I receive?

- Discounts are available to qualifying residents for programs offered by Parks & Recreation (including Before and After School Programs) and for annual access passes to the James City County Recreation Center and the Abram Frink Jr. Community Center. **Private instruction courses are not discounted.**
- Discount rates are 20%, 50% or 75% based on the applicant's total gross household income.
- Discounts are also available to the Williamsburg Indoor Sports Complex (WISC) and Quarterpath Park – both are County Parks & Recreation partner programs. Discount amounts are the same as those awarded by the County.

## QUALIFYING FOR ASSISTANCE

### What are the qualifying factors for assistance?

Assistance is based on gross income and size of household (see the **Eligibility Guideline Table** on the reverse side of this brochure). Discount assistance is available if you are a resident of James City County or Williamsburg and meet the criteria for one or more of the following options:

#### **Option 1 – Social Services Participation**

You have been approved for the Social Services Food Stamp Program.

#### **Option 2 – Parks & Recreation Assistance**

If you do not qualify for assistance from Social Services, you may be eligible for assistance based on your income and household size.

# APPLYING FOR ASSISTANCE

## How do I apply for assistance?

Pick up a Discount Assistance Application Form from any James City County Parks & Recreation facility. Submit the application using one of the following options:

### **Option 1 – Social Services Participation**

Complete the application. Mail the application and a copy of the Notice of Action to the address below or drop it off at any County Parks & Recreation facility.

### **Option 2 – Parks and Recreation Assistance**

Complete the application and attach a copy of the required documentation (see application for the list of required documents). Mail the application to the address below or drop it off at any County Parks & Recreation facility.

James City County Parks & Recreation  
Attn: Discount Assistance  
5320 Palmer Lane, Suite 2A  
Williamsburg, VA 23188

P: 757-259-5414

F: 757-259-5420



[jamescitycountyva.gov/recreation](http://jamescitycountyva.gov/recreation)



**Parks & Recreation Discount Assistance**  
**INCOME\* ELIGIBILITY GUIDELINES**  
 July 1, 2019- June 30, 2020

| No. in Household |        | Level A<br>75% | Level B<br>50%  | Level C<br>20%  |
|------------------|--------|----------------|-----------------|-----------------|
| 1                | Annual | \$0.00-12,000  | \$12,001-22,000 | \$22,001-40,000 |
| 2                | Annual | \$0.00-16,500  | \$16,501-30,000 | \$30,001-45,000 |
| 3                | Annual | \$0.00-20,500  | \$20,501-37,000 | \$37,001-50,000 |
| 4                | Annual | \$0.00-25,000  | \$25,001-44,500 | \$44,501-55,000 |
| 5 or more        | Annual | \$0.00-29,000  | \$29,001-52,000 | \$52,001-60,000 |

All levels are gross income.

**\*Definition of Income**

Any money or cash equivalents received for work or through investments such as earnings, salary, pay, wages, goods or services or from sources including, but not limited to, rents, capital interest or profits.



# Parks & Recreation Discount Program Application

5320 Palmer Lane, Suite 2A, Williamsburg, VA 23188

P: 757-259-5414 F: 757-259-5420

**Please note:** We will accept ONE application per household. A household includes all the persons who occupy a housing unit in which the occupants live and eat together as a single housekeeping unit. Dependents shall include children age 23 and younger and any individuals age 24 or older over whom a member of the household has legal guardianship. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living expenses.

## Discounts for James City County and Williamsburg Residents Only

**Important! This application will not be processed without the following proper documentation:**

**All applicants** (except Social Services applicants) **must provide the following documentation:**

1. Copies of all household members last two paycheck stubs from current or most recent employer.
2. Copies of all adults most recent US Individual Federal Income Tax return (ex. 1040); W-2 forms will not be accepted.
3. Copies of most recent Child Support, Alimony, Social Security and Retirement Income.

OR

**Social Services applicants only:**

Proof of public assistance if applicable: Food Stamps (SNAP Notice of Action Form and any changes of SNAP benefits).

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State VA Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Drivers License# \_\_\_\_\_ Email Address \_\_\_\_\_

Please list ALL adults and children (excluding children age 24 and older over whom a member of the household has legal guardianship) living at the same residence, including yourself:

|    | Name  | Grade | Age   | Sex   | Date of Birth | Relationship to Applicant | Program Requesting Assistance for |
|----|-------|-------|-------|-------|---------------|---------------------------|-----------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |
| 2. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |
| 3. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |
| 4. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |
| 5. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |
| 6. | _____ | _____ | _____ | _____ | _____         | _____                     | _____                             |

| Type of Income                          | Amount   | Frequency |
|---|----------|-----------|
| Wages/ Salaries                         | \$ _____ | _____     |
| Social Security                         | \$ _____ | _____     |
| Food Stamps                             | \$ _____ | _____     |
| Unemployment                            | \$ _____ | _____     |
| Child Support/ Alimony                  | \$ _____ | _____     |
| Pension/Retirement                      | \$ _____ | _____     |
| Other                                   | \$ _____ | _____     |
| <b>TOTAL Earned Income Before Taxes</b> | \$ _____ | _____     |

Unusual circumstances that would affect eligibility, (i.e., loss of job, illness, change in marital status). Please briefly explain:

**OVER!** Please be sure to complete front and back of application and return.

## Discount Program Agreement

Your signature on this Discount Program Application form is an agreement that the parent/guardian/participant will pay the required reduced amount for the program before the program begins.

The Discount Program Application must be completed for consideration. All required verification of income and information lines must be filled in completely and accurately. Applications that are submitted without proper documentation will become void after two weeks. Discounts will be given upon notification (email or mail) of approval of application.

**Verification of income\* is required on a yearly basis**, unless otherwise stated; and must include a photocopy of the most recent Federal Income Tax return (no W-2 forms; see #1-3 of required documentation on the front of this application).

**Note: If you do not have a copy of your tax return or you did not file taxes in the past two years, you may get a copy of your tax return or a verification of non-filing status from the Internal Revenue Service at 1-800-829-1040. The 4506T transcript or verifications request can also be found at [www.irs.gov](http://www.irs.gov). Once you have received the copy of your taxes or the verification of your non-filing status, please submit it along with your other documentation.** A new application must be submitted before your expiration date. The application process may take 10-14 business days after receipt of all information.

Each application is reviewed on its own merit and approved or denied based on information provided.

Please note that the applicant is responsible for obtaining any photocopies required to accompany this application. Our office is not responsible for original documents submitted with application.

Applications may be mailed to the address on the front of this application or dropped off at the centers – James City County Recreation Center, 5301 Longhill Road, Williamsburg, VA 23188 or the Abram Frink Jr. Community Center, 8901 Pocahontas Trail, Williamsburg, VA 23185 – during regular operating hours.

### \*Definition of Income

Any money or cash equivalents received for work or through investments such as earnings, salary, pay, wages, goods or services or from sources including, but not limited to, rents, capital interest or profits.

**I affirm to the best of my knowledge, that the information I have submitted to determine my discount, is true and complete. I understand that I must fully disclose all income in the household. I understand that there are legal penalties for fraudulent information or lack of information. I agree to provide income documentation as requested. Discounts are on a sliding scale based on income. I understand this Discount Program is short term only. I may be subject to a review for eligibility once a year, twice a year, quarterly or monthly.**

You will receive notification of approval by email. If you have not provided an email address on this application you will receive notification by mail.

**Please thoroughly read all information before signing the agreement.**

### Departmental Use Only

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

Date Reviewed: \_\_\_\_\_

Reviewer: \_\_\_\_\_

All documentation received:  Yes  No

Approved by: \_\_\_\_\_

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

Discount Percentage: \_\_\_\_\_ %

Next evaluation due: \_\_\_\_\_

Disapproved by: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature

Date