

CRITERIA FOR POOL PASS 2019 FOR LOW INCOME AND DISABLED

1. Must be a resident of Fair Lawn.
2. Must be **BOTH** low income and permanently disabled with the proper documentation to prove both.
3. Must be between the ages of 18-64. 65 and older can purchase a discounted Senior pool pass.
4. Each person applying must have a driver's license or other documentation of residence.
5. Spouses incomes are counted together.
6. Children not having completed 12th school year and any college student up to 23 years of age who lives at the parents Fair Lawn address are included. You must include driver's license for proof of age and residency (18-23) or school record. Grandchildren, Aunts, Uncles, friends, etc. of the person applying, are not eligible.
7. We will begin taking applications on June 10, 2019. Application will take 7 days to review.
8. **IF YOU LEND YOUR TAG TO ANOTHER PERSON OR GIVE FALSE INFORMATION YOU WILL NO LONGER BE ALLOWED TO APPLY FOR A LOW INCOME/DISABLED POOL PASS AT ANY TIME IN THE FUTURE.**

2019 Income Eligibility Requirements

Household Size	Max Gross Monthly Income	Household Size	Max Gross Monthly Income
1	\$1,733	7	\$5,357
2	\$2,337	8	\$5,954
3	\$2,940	9	\$6,570
4	\$3,544	10	\$7,177
5	\$4,148	11	\$7,784
6	\$4,752	12	\$8,390

YOU MUST PROVIDE THE FOLLOWING ITEMS: 2019 SSI STATEMENT or PROOF OF DISABILTY ALONG WITH PROOF OF GOVERNMENT ASSISTANCE (Food Stamp, TANF, Public Housing award letter for current year) and Proof of address.

* The SSI program pays benefits to disabled adults and children who have limited income and resources.

HUMAN SERVICES - APPLICATION FOR POOL TAG

OFFICE USE ONLY
Date Rcvd: _____

TODAYS DATE: _____

NAME: _____ AGE: _____ D.O.B. _____

NAME OF SPOUSE: _____

STREET ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

Itemize your total monthly income from **ALL** sources: (If you are married, your income is counted together.)

	AMOUNT	INCOME SOURCE	HOW OFTEN DO YOU RECEIVE THIS INCOME?
\$			
\$			
\$			
\$			

Do you receive Food Stamps/Public Assistance? Yes No Notes: _____

Do you own your own home? Yes No How much is your mortgage? _____

Do you rent? Yes No How much is your rent? _____

Rent Paid to (Name & Address): _____

Below, please list family members that reside in your same household that are under the age of 18 or College Student 23 and under. Please provide proof via school record or 2018 tax return.

NAME	AGE	GRADE (in September)	SCHOOL

Under penalty of perjury, I solemnly declare that the answers given by me in this application for assistance are true, accurate and complete to each and all of said questions. I also certify that all sources of income have been listed. **I also understand that should I be a party to lending my tag to another person or by giving false information in procuring the tag, I will no longer be allowed to apply for a low income/disabled pool pass at ANY TIME in the future and my current pool pass will be revoked.**

Signature

Date

All information provided is kept strictly confidential and only used for the purpose of this application.

DISABLED AND LOW INCOME POOL TAGS- QUALIFYING WORKSHEET

Applicants, spouse, and in some circumstances dependent children must show proof of the following:

DISABLED + LOW INCOME + RESIDENT

Original documents only will be accepted and returned. No prescription receipts or statement of benefits from insurance carriers are permissible. There is a **SEVEN (7)** day review process once all documents are submitted by the applicant.

PROOF OF RESIDENCE (1 proof is required)

- CURRENT 2019 LEASE NJ DRIVERS LICENSE/NJDMV NON-DRIVER ID
 UTILITY BILL (PSE&G, PHONE, WATER BILL) DATED WITHIN THE LAST 3 MONTHS

DEPENDENT(S): SCHOOL RECORD 2018 TAX RETURN

DISABLED: SSI - SUPPLEMENTAL SECURITY INCOME

- SSI Award letter (this is low income & disability 64 years & younger)
 Under SSI dependents/spouse are included/Medicaid Ins. ID issued monthly

DISABLED: SSD SOCIAL SECURITY DISABILITY (*must be accompanied by proof of low income)

- SSD Award Letter NJDMV ISSUED DISABLED PERSONS ID

LOW INCOME

- Proof of Government Assistance (TANF, Food Stamps, Housing/Section 8 for 2019)

Office Use Only

Date of Initial Application: _____ Date of receipt of all documentation: _____

Date final determination must be made (7 calendar days): _____

APPROVED. BADGE TYPE:

- Family** (Parents+ School aged children) **Adult** (age 16+) **Junior** (Under 16)

DENIED DUE TO:

- | | |
|---|---|
| <input type="checkbox"/> Not Disabled | <input type="checkbox"/> No proof of residence |
| <input type="checkbox"/> Not Low Income | <input type="checkbox"/> No proof of disability |
| <input type="checkbox"/> Not a Fair Lawn Resident | <input type="checkbox"/> No proof of low income |

Other: _____

- Previously had tag pulled by Recreation Department Staff or has given false information.

NOTE: _____

HEALTH & HUMAN SERVICES DEPARTMENT: Carol Wagner, Director

201- 794-5333 Human Services

_____ has been approved for the following assistance:

Human Services Representative:

Health Dept. Stamp

Date Issued: