



Town of North Hempstead
REDUCED FEE PROGRAM APPLICATION

PLEASE COMPLETE ALL FIELDS

APPLYING FOR: ☐ Self Only ☐ Household ☐ Children under 18 only

Name _____ Facility (check one): Manorhaven Whitney Pond

Date of Birth _____ Gender (optional) _____

Address _____

Phone _____ Email _____

Name and contact information of person assisting with application, if applicable

Additional household members applying for program:

| | Name | Date of Birth | Relationship | Gender |
|----|------|---------------|--------------|--------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

VERIFICATION – Please attach to application

Income (select one)

- ☐ Free/Reduced Lunch Letter
☐ SNAP Supplemental Nutrition Assistance Letter
☐ Current Proof of Federal or State Assistance Program
☐ Most Recent Tax Return (Total Household Income)

AND Residency (select one)

- ☐ Free/Reduced Lunch Letter
☐ SNAP Supplemental Nutrition Assistance Letter
☐ Current Utility Bill (Gas, Electric, Water, Cable, or Telephone)
☐ Two (2) Pieces of Mail with Your Name and Address

AND Identification

- ☐ State or Federal Government issued Identification (i.e., Driver's License, Non-Driver's ID, Passport)
(applicants 18 + must provide)

Visit (website) for specific documents accepted

I verify the information stated on this application is true and complete to the best of my knowledge, and if for any reason the information provided is incomplete or untrue, this will result in a disqualification of consideration of the program. If there are any changes to either my individual or household income, I agree to notify the Town of North Hempstead and its respective entities of this program immediately.

Primary Applicant Signature (*Required*)

Date

TO BE COMPLETED BY TONH STAFF ONLY

Date application received _____ Date application was processed _____ Staff Initial _____

Application Approved _____ Application Denial _____ Follow Up Required _____

REDUCED FEE PROGRAM APPLICATION

Did you know the Town of North Hempstead Parks Department is offering reduced fees to Manorhaven and Whitney Pond Park for income-qualified participants? The goal of the reduced fee program is to minimize financial barriers for TONH residents seeking to participate in programs and access facility amenities at Manorhaven and Whitney Pond Park.

Who is eligible for this program?

Must be a resident of the Town of North Hempstead; and, enrolled in free/reduced lunch with your school district; or enrolled in a Federal or State assistance program and meet the following household income guidelines:

| Family Size | Monthly Gross Income* | Annual Gross Income* |
|------------------------|-----------------------|----------------------|
| 1 | \$2,265 | \$27,180 |
| 2 | \$3,052 | \$36,624 |
| 3 | \$3,839 | \$46,068 |
| 4 | \$4,625 | \$55,500 |
| 5 | \$5,412 | \$64,944 |
| 6 | \$6,199 | \$74,388 |
| 7 | \$6,985 | \$83,820 |
| 8 | \$7,772 | \$93,264 |
| Each additional person | \$787+ | \$9,444+ |

*Chart information is based upon SNAP Standards effective October 1, 2022.

Fee Assistance Discount: 60% off Original Fee

Applicants must provide: proof of income, proof of residency and proof of identification

Applicants must provide **ONE** of the following materials for proof of income.

- A School District Free or Reduced lunch letter from the current school year.
- Proof of current State or Federal Assistance, including but not limited to:
 - Medicaid (*we do not accept copies of Medicaid cards as proof of coverage*)
 - SNAP (Supplementary Nutrition Assistance Program) (*EBT cards are not acceptable proof*)
 - SSI (Supplementary Security Income)
 - SSDI (Social Security Disability Income)
 - WIC (Women, Infants, and Children) (*WIC cards are not acceptable proof*)
 - TANF (Temporary Assistance for Needy Families)
 - CCAP (Child Care Assistance Program)
- Tax Return: A copy of your most recent tax return (form 1040, 1040a, or 1040ez). We will be accepting 2021 Tax Returns until July 31, 2023. After that time, we will only be accepting 2022 Tax Returns.

Applicants must provide **ONE** of the following materials for proof of residency.

- Free/Reduced Lunch Letter
- SNAP Supplemental Nutrition Assistance letter
- Current Utility Bill (Gas, Electric, Water, Cable or Telephone)
- Two (2) Pieces of Mail with your name and address

Applications must provide **ONE** of the following materials as proof of identification. (for all individuals on the membership over the age of 18)

- State or Federal Government issued identification (i.e., Driver's License, Non-Driver's ID, Passport)