



EAGAN

PARKS & RECREATION

Eagan Parks & Recreation Fee Options Form

Fee options for Eagan residents are available for individuals and families to participate in Eagan Parks & Recreation sponsored recreation programs. The Fee Option plan may be used to cover a class fees or a portion of class fees with a maximum of \$300 per participant per year.

Name of Individual or if under 18 Parent/Guardian:					
Birthdate:					
Street Address:					
City:		State:		Zip:	
Email Address:					
Home Phone #:	()	Work/Cell Phone #:	()		

Information on annual or individual family income is required to determine eligibility. Each participant must indicate the number of persons in their household, and then check the box that contains the amount of annual family income.

Income is defined as the total gross annual income of all family and non-family members 18+ years old living within the household. All sources of income must be counted from all persons in the family based on anticipated income expected within the next 12 months. Please list your anticipated income based on your family size.

Please check your Income Range based on your Family Size (for example if there are 5 people in your household, go to HH of 5; if there are 8 or more in your household go to HH of 8):

- | | | | | |
|-----------------|---|--|--|------------------------------------|
| Household of 1: | <input type="checkbox"/> \$0 - \$19,850 | <input type="checkbox"/> \$19,851 - \$33,050 | <input type="checkbox"/> \$33,051 - \$50,350 | <input type="checkbox"/> \$50,351+ |
| Household of 2: | <input type="checkbox"/> \$0 - \$21,700 | <input type="checkbox"/> \$21,701 - \$37,750 | <input type="checkbox"/> \$37,751 - \$57,550 | <input type="checkbox"/> \$57,551+ |
| Household of 3: | <input type="checkbox"/> \$0 - \$25,500 | <input type="checkbox"/> \$25,501 - \$42,450 | <input type="checkbox"/> \$42,451 - \$64,750 | <input type="checkbox"/> \$64,751+ |
| Household of 4: | <input type="checkbox"/> \$0 - \$28,300 | <input type="checkbox"/> \$28,301 - \$47,150 | <input type="checkbox"/> \$47,151 - \$71,900 | <input type="checkbox"/> \$71,901+ |
| Household of 5: | <input type="checkbox"/> \$0 - \$30,600 | <input type="checkbox"/> \$30,601 - \$50,950 | <input type="checkbox"/> \$50,951 - \$77,700 | <input type="checkbox"/> \$77,701+ |
| Household of 6: | <input type="checkbox"/> \$0 - \$32,850 | <input type="checkbox"/> \$32,851 - \$54,700 | <input type="checkbox"/> \$54,701 - \$83,450 | <input type="checkbox"/> \$83,451+ |
| Household of 7: | <input type="checkbox"/> \$0 - \$35,100 | <input type="checkbox"/> \$35,101 - \$58,500 | <input type="checkbox"/> \$58,501 - \$89,200 | <input type="checkbox"/> \$89,201+ |
| Household of 8: | <input type="checkbox"/> \$0 - \$37,400 | <input type="checkbox"/> \$37,401 - \$62,250 | <input type="checkbox"/> \$62,251 - \$94,950 | <input type="checkbox"/> \$94,951+ |

APPLICANT STATEMENT:

I hereby certify that the information on this form is accurate and complete.

Participant or Beneficiary Name (Please Print)

Signature (Parent or Guardian if participant is under 18 years old)

Date _____

Approval by:

Eagan Parks & Recreation Staff Signature Date

Date _____