



City and County of Broomfield Recreation Services Reduced Rate Program Information

Please read completely prior to applying

The City and County of Broomfield provides a Reduced Rate program for residents, which will reduce fees for some activities sponsored by Broomfield Recreation Services based on financial need. Eligibility must be established by providing complete application and all required documentation. *Incomplete applications will not be considered.* Eligible activities for the reduced rate program include those offered by Broomfield Recreation Services; however there are some programs which are not included. Residents who qualify will also be able to purchase general daily admission at either the Paul Derda Recreation Center or Broomfield Community Center at 50% fee reduction. [Annual passes and punch cards are not included.](#)

Please allow sufficient time for your application to be processed. We request at least 3 weeks for processing. [If you register and pay for a class before your reduced rate application is approved, refunds or household credits will not be given.](#) Classes with minimum enrollment requirements must be met prior to reduced rate registrations.

Once approved, you will be eligible to receive reduced rates for 6 months. You will need to re-apply if you wish to continue receiving benefits. No single person can receive more than \$100 in program fee reductions per calendar year. Remaining funds are not transferrable. The family maximum is \$500.

IMPORTANT: All applications must include a copy of the most recent year of your Federal Income Tax return, copies of W-2's and current pay stubs for the last 30 days for everyone employed in the family. If you are unemployed, you will need to provide proof of unemployment benefits. If you receive Social Security or SSI income, please provide a current SSI Benefit Letter stating the monthly benefit.



City and County of Broomfield Reduced Rate Application

Application and documentation can be mailed or dropped off to The Paul Derda Recreation Center, 13201 Lowell Blvd or at The Broomfield Community Center, 280 Lamar St, Broomfield, CO 80020

Date: _____ Name: _____

address: _____ Broomfield, CO 80020

Phone: _____ CELL Phone: _____

EMAIL ADDRESS: _____

Reason for request:

List all individuals living in household including yourself

Name _____ Birthdate _____ Employed? Yes _____ No _____

Name _____ Birthdate _____ Employed? Yes _____ No _____

Name _____ Birthdate _____ Employed? Yes _____ No _____

Name _____ Birthdate _____ Employed? Yes _____ No _____

Name _____ Birthdate _____ Employed? Yes _____ No _____

Name _____ Birthdate _____ Employed? Yes _____ No _____

Do you own _____ or rent _____? Monthly rent or mortgage \$ _____

What is your gross (before tax) monthly income including all non-taxable income (child support, Alimony, SSI, other)

amount \$ _____ source of income _____

CHECK INCLUDED DOCUMENTATION:

REQUIRED: Applications without required documentation will not be processed.

- Proof of Residency- 2 forms of ID to include Drivers License, water bill, credit card or bank statement
- Tax Return and W-2's for all Individuals over 18 yrs in household
- Paystubs for last 30 days for all Employed Individuals in household
- Supplemental Social Security Income (S.S.I.) OR Social Security Award Letter

CHECK SERVICES YOU ARE RECEIVING AND INCLUDE DOCUMENTATION FOR EACH CATEGORY CHECKED

- I am receiving Medicaid (Provide documentation other than card stating eligibility dates)
- I am currently unemployed and/or received unemployment benefits last year
- W.I.C. Recipient
- Public Housing
- Temporary Assistance to Needy Families (TANF)
- Food Stamps MONTHLY AMOUNT \$ _____

I am applying for Reduced Rates for the following programs:
(not available on Recreation Passes and Punch Cards)

Participant _____ Class/ Program name / code number _____

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IF ELIGIBLE, YOU WILL ALSO RECEIVE 50% REDUCED DROP IN RATE

I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I hereby authorize the City and County of Broomfield to confirm my status and documentation with any of the applicable agencies

Signature/ Date _____

Administrative Use Only

Date Received: _____ Received By: _____ Location: BCC/ PDRC

Approved For: _____

Approved _____ Disapproved _____ Date: _____

Supervisor _____ DATE _____

Comments: