

# CRITERIA FOR POOL PASS 2018 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 the already 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). Grandchildren, Aunts, Uncles, friends, etc. of the person applying, are not eligible.
7. We will begin taking applications on June 1, 2018. 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.**

## 2018 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:** 2018 SSI STATEMENT or PROOF OF DISABILITY 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.**

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 2018 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                       2017 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 2018)

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**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 |
| <input type="checkbox"/> Other: _____   |   |
| <input type="checkbox"/> Previously had tag pulled by Recreation Department Staff or has given false information. |   |

NOTE: \_\_\_\_\_

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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: