

# CRITERIA FOR POOL PASS 2024 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 18-61. \*62 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 live 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 1, 2024. 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.**

## 2024 Income Eligibility Requirements

| Household Size | Max Gross Monthly Income | Household Size | Max Gross Monthly Income |
|----------------|--------------------------|----------------|--------------------------|
| 1              | \$3,348                  | 7              | \$8,693                  |
| 2              | \$4,379                  | 8              | \$8,886                  |
| 3              | \$5,409                  | 9              | \$9,080                  |
| 4              | \$6,439                  | 10             | \$9,273                  |
| 5              | \$7,470                  | 11             | \$9,466                  |
| 6              | \$8,500                  | 12             | \$9,659                  |

**YOU MUST PROVIDE THE FOLLOWING ITEMS:** 2024 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? \_\_\_\_\_

Reside w/family?   Yes   No

**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 2023 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 viewed 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 2024 LEASE                       NJ DRIVERS LICENSE/NJDMV NON-DRIVER ID  
 UTILITY BILL (PSE&G, PHONE, WATER BILL) DATED WITHIN THE LAST 3 MONTHS

**DEPENDENT(S)** (1 proof is required):       SCHOOL RECORD               2023 TAX RETURN

#### **DISABLED: SSI - SUPPLEMENTAL SECURITY INCOME**

- SSI Award letter (this is low income & disability 62 years & younger)

Under SSI dependents/spouse are included

## OR...

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

- SSD Award Letter                       NJDMV ISSUED DISABLED PERSONS ID

#### **LOW INCOME: (\*must be accompanied by proof of disability)**

- Proof of Government Assistance (TANF, Food Stamps, Housing/Section 8 for 2024)
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