



Sun Valley General Improvement District
5000 Sun Valley Boulevard
Sun Valley, NV 89433-8229
Phone: (775) 673-2220
Fax: (775) 673-1835

RECREATIONAL FEE ASSISTANCE REQUEST FORM – LOW INCOME/DISABILITY

By Applicant's signature below, Applicant agrees to comply with all Sun Valley General Improvement District Rules, Regulations and Tariff Schedules legally adopted by the Board of Trustees of the District and as modified from time to time. A copy of such Rules, Regulations, and Tariff Schedules are available at the District office. This assistance must be applied for annually unless otherwise approved by District personnel. This discount is for the Applicant's main residence.

Please provide proof of total gross household monthly income.

Please complete this section only - CUSTOMER INFORMATION

Applicant _____ Co-Applicant _____

Service Address _____, NV _____

Mailing Address _____

Phone Number _____ Total # in household _____ # of adults _____

I am the primary resident at the above service property. hereby give my permission to release or to have this information verified by other agencies, both public and private. I certify that the information that I have provided is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Do not complete ***FOR OFFICE USE ONLY*******

INCOME SCALE – (Proof of gross income attached)

Social Security / SSI	\$ _____	Annual	Monthly
Pension	\$ _____	Annual	Monthly
Wages	\$ _____	Annual	Monthly
Other	\$ _____	Annual	Monthly

of working adults _____ Total # in household _____

____ Permanent fixed income (explanation) _____

____ Temporary fixed income (explanation) _____

____ Approved ____ Disapproved Discount %: _____ Low Income ____ Disability ____

Comments _____

Date Enrolled _____ By: _____

Account No: _____ - _____

Discount Code: ____ REC ____ REC 1 ____ REC 2

Billing Cycle: 1 2 3 4 Date of Last Read: _____ Entered By: _____

Date Withdrawn _____ By: _____ Reason: _____

Revised: 07/21/2026



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Sun Valley GID Recreational Fee Assistance Program

Low Income Assistance Qualifications:

Per State of Nevada Assistance Program as outlined below and based on Federal Poverty Guidelines. Gross income of all members of a household is used in determining qualifications.

July 1, 2026 thru June 30, 2027

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$23,940.00	\$1,995.00
2	\$32,460.00	\$2,705.00
3	\$40,980.00	\$3,415.00
4	\$49,500.00	\$4,125.00
5	\$58,020.00	\$4,835.00
6	\$66,540.00	\$5,545.00
7	\$75,060.00	\$6,255.00
8	\$83,580.00	\$6,965.00
ADD:	\$8,520.00 for each additional person	\$710.00 for each additional person

A household is broadly defined as an individual or group of individuals, related or not, who are living together and sharing a primary residence.