



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

Disability or Low Income/Hardship Discount

The Applicant/Co-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 subject to modification from time to time, as same becomes legally effective. A copy of such Rules, Regulations, and Tariff Schedules are available at the District office located at 5000 Sun Valley Blvd., Sun Valley, Nevada. This discount is for the Applicant's main residence. Applicant/Co-Applicant must submit appropriate documentation as requested by the District.

CUSTOMER INFORMATION

Applicant _____

Co-applicant _____

Service address _____ SUN VALLEY NV 89433

Mailing address _____

Preferred method of contact? Home Phone: _____ Cell Phone: _____ Work Phone: _____

I am the primary resident at the above service property. I 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. Additional information and documentation (telephone bill, electric bill or driver's license showing Sun Valley service address) may be requested depending on your particular circumstance.

Applicant signature: _____ Date: _____

Co-Applicant signature: _____ Date: _____

FOR A/P OFFICE USE ONLY

INCOME SCALE - ANNUAL

A. Social Security (attach – SS1099 form) \$ _____
 B. Pension (attach 1099 form) \$ _____
 C. Wages (attach W-2 & Fed Income Tax forms) \$ _____
 D. Other Yearly Income \$ _____
 TOTAL \$ _____

INCOME SCALE - MONTHLY

A. Copy of Social Security Check \$ _____
 B. Supplemental Social Security \$ _____
 C. copy of Monthly Pay Check Stubs \$ _____
 D. Other Monthly Income \$ _____
 TOTAL \$ _____

of working adults _____ Total number in household _____

Permanent fixed income (explanation) _____

Temporary fixed income (explanation) _____

Approved Disapproved Discount %: _____ Disability Low income/Hardship

Comments: _____

Date: _____ By: _____

FOR BILLING OFFICE USE ONLY

Account No.: _____ - _____ Discount code: REC REC1 REC2

Billing cycle: 1 2 3 4 Date of last read: _____ Entered By: _____

Date Withdrawn: _____ By: _____

Reason: _____



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Sun Valley GID Recreational Fee Assistance Program

Low Income Assistance Qualifications:

Per Nevada Energy 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, 2023 thru June 30, 2024

<u>Household Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$21,870.00	\$1,822.50
2	\$29,580.00	\$2,465.00
3	\$37,290.00	\$3,107.50
4	\$45,000.00	\$3,750.00
5	\$52,710.00	\$4,392.50
6	\$60,420.00	\$5,035.00
7	\$68,130.00	\$5,677.50
8	\$75,840.00	\$6,320.00
ADD:	\$7,710.00 for each additional person	\$642.50 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.