

# Income Qualified Application Effective Summer 2019 & 2019-2020 School Year

School Age Services\*, Summer Camps, Sister Cities High School Student Exchange

Reduced-rate programs are available for Columbia residents who live on or work full-time on property subject to the CA assessment and whose household income is within the Columbia Association guidelines. **Reduced-rate is not retroactive and is good for fees incurred after the approval date only.**

**All information in this packet must be resubmitted every year.**

**COMPLETED APPLICATION** with supporting documentation should be mailed to:

Columbia Association • Community Services • 6310 Hillside Court, Suite 100 • Columbia, MD 21046

**Name** (Head of household) \_\_\_\_\_

**Phone number** (Primary) \_\_\_\_\_

**Phone number** (Alternate) \_\_\_\_\_

**Street address** \_\_\_\_\_

**City** \_\_\_\_\_

**State, ZIP** \_\_\_\_\_

**Annual gross income** (from all sources) \_\_\_\_\_

**Family size** \_\_\_\_\_

**INCOME GUIDELINES FOR REDUCED RATE**  
based on federal guidelines developed by HUD

Family Size	Income Limit Guidelines 50% Reduction	Income Limit Guidelines 75% Reduction (Camps only)
2	\$60,400	\$30,200
3	\$67,950	\$33,975
4	\$75,500	\$37,750
5	\$81,550	\$40,775
6	\$87,600	\$43,800
7	\$93,650	\$46,825
8	\$99,700	\$49,850

**Family member name, date of birth** *All dependents listed below must be listed on the tax printout.*

01 _____	05 _____
02 _____	06 _____
03 _____	07 _____
04 _____	08 _____

I wish to apply for the reduced rate for (check all that apply)  Summer Camps  School Age Services  Sister Cities High School Student Exchange

**Please allow 8-10 business days for approval for Camps and School Age Services.** Call 410-715-3162 for Sister Cities timelines.

PROGRAM —	School Age Services	Summer Camps	Sister Cities High School Student Exchange
	2019-2020 school year regular monthly tuition	Summer 2019 Camp fees Extended care fees	Summer 2020 Airline tickets and program fees <i>Sister Cities awards will vary for airline tickets according to funds available and number of qualifying applicants.</i>
For more information call	410-715-3164	410-715-3165	410-715-3162

**For all programs the reduction in rate is not applicable for the following —**

Late payment fees • Late pickup fees • Return check fees • Registration and application fees  
Promotions or discounts • School's Closed programs

\* *Reduced rate is available for Howard County residents for School Age Services only, as the programs are held in the public schools.*



**SUPPORTING DOCUMENTATION**

Incomplete packets will be returned causing a delay in processing. Income-qualified programs are not retroactive and are good for fees incurred after the approval date only.

All information in this packet must be resubmitted every year.

- Copies of birth certificates for each child listed as a dependent.
- Income verification
  - Residents who receive government assistance (public housing, Section 8 housing, SSI, SSDI) may provide a current statement of benefits from the Howard County government, or appropriate governmental agency.
  - All other applicants must provide an **official IRS computer-generated transcript** of 2018 tax return (it must include the annual income, number of exemptions, and must include the cover letter or be stamped or signed by the IRS). This transcript is available at no charge and can be requested by calling 1-800-908-9946 or online at [irs.gov/Individuals/Get-Transcript](http://irs.gov/Individuals/Get-Transcript).
- To qualify for 75% reduction for camps, an **IRS computer-generated transcript** for 2018 tax return is required.
- Applicants who do not live on CA-assessed property must complete and submit an associate verification form. (Not applicable for SAS).

I understand that approval of this application depends on my ability to comply with Columbia Association residency income verification requirements.

I verify that the information I have provided on this application is correct and that the supporting documentation is valid. I further agree to notify Columbia Association should my income rise above the limits stated herein before my approved participation is up. I understand that failure to comply with these requirements will result in revocation of my participation privileges and will require payment at regular rates for privileges already used. I have read and agree to all the provisions on this application.

**Head of household signature** \_\_\_\_\_ Date \_\_\_\_\_

**Approved** (Manager) \_\_\_\_\_ Date \_\_\_\_\_

**Supplying false income tax information is a crime punishable by law.** ID# \_\_\_\_\_

Approved School Age Services 2019-2020 at 50%

Approved Sister Cities 2020 at 50% of fee

Approved Summer Camps 2019 at 50%

Approved Summer Camps 2019 at 75%

CA-assessed property (please check appropriate box)  Yes

No Verified by \_\_\_\_\_

