

# Lynnwood Recreation Center

18900 44th Ave W.  
Lynnwood, WA. 98036  
425-670-5732

Number in Household	Annual	Monthly
1	\$ 21857.00	17963.51
2	\$ 29592.00	2432.26
3	\$ 37327.00	3068.01
4	\$ 45062.00	3703.77
5	\$ 52797.00	4339.52
6	\$ 60632.00	5611.03
For each additional person, add	\$ 7735.00	635.75

RBF cannot be used towards pool and room rentals. You may only purchase 1- 10 visit card at a time per person with RBF funds. All visits must be used before we can add more to the card.

“Lynnwood Parks, Recreation and Cultural Arts– creating a healthy community through people, parks, programs and partnerships.”

Build confidence, learn new skills, meet new people, go on fun trips. Our classes have it all!

Check out the Lynnwood Rec Guide for a complete list of all our classes and programs.



**Donations are always needed and appreciated.**

If you or your business wish to make a contribution please call us at 425-670-5732  
You can donate by a Check made out to RBF,  
PO Box 5008 Lynnwood, WA 98046-5008

# RECREATION BENEFIT FUND 2020



**Financial Aid Program for Children, Disabled Adults & Adults 62 +**



# 2020 Benefit Guidelines

## Recreation Benefit Fund Application

Bring your COMPLETED application to the Recreation Center or mail the application and a copy of either your DSHS benefits, Free Lunch Award, Letter from Social Security or Income Tax return to: Recreation Benefit Fund P. O. Box 5008 Lynnwood, WA. 98046.

The Recreation Benefit Fund (RBF) is a financial assistance program funded by the City of Lynnwood, local businesses and organizations.

RBF provides financial support for children 17 yrs. and younger, Adults 62+ and disabled adults who wish to participate in recreation activities.

**Participants who qualify, will receive a 75% discount on course fees.**

The maximum benefit per person is \$200.00 per year as funds are available.

**In order to qualify for the scholarship, you must:**

- **Live inside the City limits of Lynnwood**
- **Receive Free Lunch through the Edmonds School District**
- **Have a letter of Permanent Disability from the Social Security Administration.**
- **Have a tax return with the specified income level.**

**See the attached chart for income levels.**

**Please attach any qualifying paperwork with your application.**

If you do not receive these benefits please attach a current copy of your Federal Income tax return. See the box on the inside page to see if your incomes qualifies you.

All applications must be submitted in advance of class starting date. Applications will be approved at the time of submittal depending on staff availability. All approvals are contingent on available funds. Information is reviewed and verified by the Recreation Benefit Fund staff only. All information is kept confidential.

Staff taking form: \_\_\_\_\_

Date: \_\_\_\_\_

Name:	* Birth Date:	*Age	*Female	*Male

\*Name: \_\_\_\_\_

\*Employer: \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, \_\_\_\_\_ State, \_\_\_\_\_ Zip \_\_\_\_\_

\*Email Address: \_\_\_\_\_



**I am a PERMANENTLY Disabled adult and have a letter from Social Security .**  
YES / NO (Please attach a **copy** of your award.)

**My child qualifies for the Free Lunch Program thru the Edmonds School District**  
YES / NO (Please attach a **copy** of your award.)

**Tax return attached?** YES / NO (See Chart to see if you qualify and attach a **current** copy of your Federal Income Tax return)

Information provided may be researched for verification. ALL Documentation is kept **PRIVATE**.  
***My answers are correct, true and complete to the best of my knowledge;***

***Signed:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_