

## **Maplewood Township Application for Pool Membership Discount**

Name:				
Address:				
Email address:				
Home Phone:	Work/ Cell Phone:			
Family Members (including self):				
Name:	Date of Birth:			
I have a hardship as defined below. Select any/a	all that anniv			
Family qualifies for free and/or reduced lunch				
□ Receive section 8 housing assistance				
☐ Beneficiary of SNAP or WIC				
☐ Beneficiary of NJ Cash Assistance Program	n			
☐ I receive SSI benefits				
☐ I am eligible for Medicaid				
☐ I am currently receiving unemployment				
I agree that paying full price for the Maplewood Community Pool would cause my family a financial				
hardship, and attest that all information provided above is true and correct.				
Applicant Signature:	<u>Date:</u>			

Proof of Residency and Photo ID required. The Township reserves the right to investigate the hardship and request further documentation. Discounts are available while funding lasts.

RETURN TO: Department of Community Services 574 Valley Street, with subsidy payment.



## **Pool Pals Discounted Rates**

Membership	Type	Resident Fee	<b>August Only</b>
Individual	Age 18-64	\$79.65	\$35.10
Senior citizen	65+	\$51.30	\$24.30
Couple	2 adults or adult + child	\$114.75	\$52.65
Family	2 adults + 1-7 children	\$133.65	\$62.10
Family	2 adults + 8+ children	\$157.95	\$72.90
Family	Family plus caregiver	\$157.95	\$72.90