



TOWN OF MANSFIELD

Office of the Human Services Department

Dorothy Del Valle
Administrative Services Specialist

Mansfield Senior Center
303 Maple Road
MANSFIELD, CT 06268-2599
Tel: (860) 429-3315
Fax: (860) 429-7785
Email: HumanServ@mansfieldct.org

Thursday, October 31, 2018

Dear Resident,

The Fee Waiver application process will be transitioning from our Parks and Recreation Department over to the Human Services Department. This transition does not affect your current application or the documentation required for the program. The only changes is the department processing the application as well as the contact person. If you have any questions please feel free to contact me via email at human.services@mansfieldct.org or by phone (860) 429-3315.

Sincerely,

Dorothy Del Valle
Administrative Services Specialist
Tel: (860) 429-3315
Email: human.services@mansfieldct.org

TOWN OF MANSFIELD



Request for Fee Reduction

HOW TO APPLY

Please complete the attached application and provide copies of the documents listed below.

Mail or drop them off to:
Mansfield Senior Center – Wellness/ Human Services Department
Attention: Dorothy Del Valle
303 Maple Road
Storrs-Mansfield, CT 06268
(860) 429-3315
human.services@mansfieldct.org

Please check if submitted with application:

- Proof of Residency for ALL persons who reside in the household. Applicants must reside in Mansfield for more than six months during the course of the year
- Three (3) most recent pay stubs for all income earners in the household
- Copy of other sources of income (if applicable) i.e.: Social Security, Private Pension, Unemployment & Workman's Comp, Disability Benefits, Veterans Benefits, Rental Income, Welfare, Alimony, Child Support, etc.
- Copy of your most recent federal tax return for each adult in the household
- Copy of your most recent bank statement for each adult in the household

MANSFIELD FEE REDUCTION APPLICATION

7/1/18 - 6/30/19

303 Maple Rd.
Storrs/Mansfield, CT 06268

Tel. (860) 429-3315

human.services@mansfieldct.org



APPLICANT (S) GENERAL INFORMATION

APPLICANT			CO-APPLICANT		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE #			PHONE #		
EMAIL	BIRTH DATE		EMAIL	BIRTH DATE	

EMPLOYMENT INFORMATION

EMPLOYER			EMPLOYER		
ADDRESS			ADDRESS		
TOWN	STATE	ZIP CODE	TOWN	STATE	ZIP CODE
PHONE			PHONE		
GROSS ANNUAL WAGES			GROSS ANNUAL WAGES		
LENGTH OF EMPLOYMENT			LENGTH OF EMPLOYMENT		

ANNUAL HOUSEHOLD INCOME

*Gross Wages/Salary	Rental Income	Welfare
Pension, SSI, Self-Employment	Alimony, Child support	
Unemployment & Workmen's Comp.,	Other (List)	TOTAL

PERSONS LIVING IN UNIT

<u>NAMES OF ALL PEOPLE LIVING IN HOUSEHOLD</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>DATE OF BIRTH</u>	<u>EMPLOYER</u>	<u>YEARLY INCOME</u>

***Eligibility is based on the combined income of all household members listed on the application.**

PENALTY FOR FALSE OR FRADULENT STATEMENT; U.S.C Title 8, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more that \$10,000 or imprisoned not more than five years, or both."

I hereby apply for a fee reduction and certify the accuracy of the information contained herein in accordance with all provisions of the law and agree to notify the appropriate town department in writing in the event of changes in said information; any changes effecting your eligibility status over the course of the year must be reported to the Town so that we can evaluate whether or not you continue to qualify for the waiver.

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

FOR OFFICIAL USE ONLY:

Fee Waiver valid from: _____ to: _____

Percentage of discount: 50% or 75% (circle one)

Department of Origin: _____

Spreadsheet updated: Yes or No (circle one)

Approval letter sent: Yes or No (circle one) Date _____



TOWN OF MANSFIELD
Mansfield Fee Reduction
Income Limit Guidelines and Annual Cap per Household

Effective July 1st, 2018 to June 30th, 2019

Household Size	50% Fee Waiver	75% Fee Waiver	Annual Cap Per Household
1	\$33,900	\$20,350	\$325
2	\$38,750	\$23,250	\$650
3	\$43,600	\$26,150	\$975
4	\$48,400	\$29,050	\$1,300
5	\$52,300	\$31,400	\$1,625
6	\$56,150	\$33,740	\$1,950
7	\$60,050	\$38,060	\$2,275
8 +	\$63,900	\$42,380	\$2,600

"Extremely Low" is 30% of median income in Mansfield and is reflected in 75% column

"Very Low" is 50% of median income in Mansfield and is reflected in 50% column

HUD's 2018 calendar year data will be used for July 1, 2018- June 30th, 2019 Fee Reductions, HUD's 2019 calendar year data will be used for July 1, 2019-June 30th, 2020 Fee Reductions etc.

Article III: Fee Waivers (Revised April 28, 2014)

[Adopted 2-10-1997, effective 3-8-1997 *Editor's Note: This ordinance also superseded former Article III, Fee Waivers, adopted 1-28-1991, effective 2-26-1991*]

§122-3. Title

This article shall be known and may be cited as the "Town of Mansfield Fee Waivers Ordinance."

§122-4. Intent

It is the Town's intention to encourage participation in municipal programs and to provide services to all residents of the Town regardless of their financial status.

§122-5. Eligibility Criteria

[Amended 10-14-2003, effective 11-10-2003]

- A. This subsection shall apply to all of the services subject to this article and set forth in §122-10. The eligibility criteria set forth in this subsection may be changed by resolution of the Town Council.
- B. Residency. The primary residence of Fee Waiver applicants must be located in the Town of Mansfield. Primary residence means that the applicant resides in Mansfield for more than six months during the course of a fiscal year. At the time of their application to the Fee waiver program, applicants must demonstrate that they have resided in Mansfield for more than six months during the past year.
- C. 75% Fee Waiver. Applicable fees not reimbursed by a third party will be reduced by 75% for residents of the Town of Mansfield who meet the U.S. Department of Housing and Urban Development (HUD) definition of "extremely low income" for Mansfield residents based upon income and number of persons who reside in the household. Income is defined in §122-6.
- D. 50% Fee Waiver. Applicable fees not reimbursed by a third party will be reduced by 50% for residents of the Town of Mansfield who meet the U.S. Department of Housing and Urban Development (HUD) definition of "very low income" for Mansfield residents based upon income and number of persons who reside in the household. Income is defined in §122-6.
- E. 100% Fee Waiver. For ambulance fees listed in §122-10, applicants who qualify for a fee reduction of 75% per §122-5C shall instead receive a fee reduction of 100%.
- F. Maximum Amounts. Maximum limits will be placed on the value of fee waivers granted to eligible households per fiscal year. Maximum limits based on household size will be set by resolution of the Town Council and may be adjusted from time to time. Once the fiscal year budgeted allocation for the Fee Waiver Program has been completely expended, the Town Manager is authorized to suspend the program. The program may be reinstated for the suspended fiscal year if additional funds are appropriated by the Town Council.

§122-6. Applications

Any requests for a fee waiver must be made on a Town of Mansfield application form. Eligibility is determined on an annual basis. Annual basis is defined as a fiscal year basis, July 1- June 30. Applicants will be required to provide documentation demonstrating residency such as recent utility bills, a driver's license, or other documentation as requested by the Town.

Applicants must provide documentation showing all sources of income for all persons who reside in the household. Sources of income may include but are not limited to: wages; workers compensation payments; unemployment compensation; social security payments; pension payments; rental income; alimony payments; child support payments; disability benefits; veterans benefits; earnings from investments. To document sources of income, applicants will be required to submit federal income tax returns, and any other documentation as requested for all persons domiciled in the household.

The application shall be signed by the applicant under penalty of false statement as punishable by Connecticut General Statutes section 53a-157b, which shall be noted on the application adjacent to the space designated for the signature of the applicant.

§122-7. Verification of Information

The information on the application may be verified by Town officials at any time during the year. If it is determined that an applicant has provided false and/or misleading information and/or has purposely withheld information from their application, the applicant will be denied participation in the program for that fiscal year.

§122-8. Review of waivers; changes to information

Waivers need to be reinstated on a yearly basis unless circumstances warrant a more frequent review. Any changes in family size or household income must be reported immediately to the Town agency responsible for administering the Fee Waiver Ordinance. Changes in participant eligibility factors as set forth in §122-5 can affect eligibility for the Fee Waiver program, such as having eligibility status terminated until later application is approved.

§122-9. Confidential Information

Certain documentation submitted by applicants may be subject to disclosure in accordance with the Freedom of Information Act. Only documents or information required to be disclosed by state or federal law will be released to the requesting individual, agency, or other entity.

Applications shall not be returned to the applicant, but will remain on file for at least two years following the close of the fiscal year (June 30th) in which the applicant applied, after which they may be destroyed once approval has been received from the State Records Administrator.

§122-10. Applicability

The following services are subject to this article:

- A. Parks and Recreation programs, including Community Center memberships.
 - i. Exclusions. The following exclusions apply: materials fees; bus/van trips; programs not directly provided by the Town such as but not limited to youth sports operated by non-profit organizations or other public agencies.
- B. (Reserved) *Editor's Note: Former Subsection E, Subsurface sewage disposal and water supply wells, was repealed 8-8-2005, effective 9-3-2005*
- C. (Reserved) *Editor's Note: Former Subsection F, Junk car disposal, was repealed 8-8-2005, effective 9-3-2005*
- D. Residential refuse collection fees. All Transfer Station fees are excluded from this provision except for the fee for the disposal of residential refuse in 35 gallon garbage bags.
- E. Ambulance fees
- F. [Added 2-28-2011, effective 3-29-2011] Human Services programs.
 - i. Exclusions. The following exclusions apply: bus/van trips; wellness and medical care services such as but not limited to podiatry, massage therapy, and health screenings that are offered at Town facilities but conducted by a third party that charges fees for service; programs and trips not directly provided by the Town such as but not limited to programs and trips operated by the Mansfield Senior Center Association, non-profit organizations, or other public agencies.