



Culpeper County Parks & Recreation Department
2023 ACCESS ASSISTANCE PROGRAM (AAP)



CULPEPER COUNTY PARKS & RECREATION

16388 COMPETITION DRIVE, CULPEPER, VA 22701

PHONE: (540) 727-3412 | FAX: (540) 727-2802 | EMAIL: TRILEY@CULPEPERCOUNTY.GOV

Please submit all FAP Applications to the Culpeper County Parks & Recreation Department for review. As a reminder, all AAP Applications are valid July 1 – June 30. If approved, the amount awarded will be based on the following; 1.) \$50.00 per person in the family residing at the same residence, per the fiscal year, 2.) Maximum \$300.00 per family, 3.) Amounts will be pro-rated based on the date the application was received, and 4.) All funds will expire on June 30 each year.

Requestor's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Landline: _____ Mobile: _____ **(check one)**

Email Address: _____

Emergency Contact: _____ Relation: _____ Phone Number: _____

1. Do you currently have an ActiveNet Account? Yes _____ No _____
2. Is this request for a dependent of a Culpeper County Employee? Yes _____ No _____
 - a. If yes, please provide the Culpeper County Employee Name – if different from above.

Name: _____ Department: _____

SNAP Gross Monthly Income Eligibility Limits
 (October 1, 2022 – September 30, 2023)

X	HOUSEHOLD SIZE	MONTHLY INCOME LIMITS	ANNUAL INCOME LIMITS
	1	\$1,473	\$17,676
	2	\$1,984	\$23,808
	3	\$2,495	\$29,940
	4	\$3,007	\$36,084
	5	\$3,518	\$42,216
	6	\$4,029	\$48,348
	7	\$4,541	\$54,492
	8	\$5,052	\$60,624
	<i>each additional member</i>	<i>\$512</i>	<i>\$6,144</i>

Verification will be determined by the applicant's most recent Federal and State Tax Return. All tax information will remain confidential and no copies will be retained. Requests will be submitted to the Culpeper County Parks & Recreation Administrative Team for review if special or extenuating circumstances are cited.

I certify that the information provided and attached is complete and true.

Requestor's Signature: _____ Date: _____

STAFF USE ONLY

- Residency verified by VA State Tax Return: Tax Year _____ Yes _____ No _____
- Household size verified by Federal Tax Return: Yes _____ No _____
- Income verified by Federal Tax Return: Tax Year _____ Yes _____ NO _____

I have reviewed the submitted information and approve the scholarship request.

Approved By: _____ Date: _____ Transaction #: _____ Amt: _____