



## **MEMBER ASSISTANCE PROGRAM (MAP)**

The Member Assistance Program (MAP), established in 1995, provides financial assistance to qualifying GVR members experiencing financial hardship and unable to pay GVR annual dues.

### **Eligibility**

To be eligible for MAP, the following must apply:

1. Must have a household income not greater than 200% of the Federal Poverty Guidelines.
2. Applicant must be listed on the property deed/title.
3. Applicant must be a GVR member for at least one full year.
4. Have self-paid GVR annual dues for at least one year.
5. GVR members must be in good standing – no delinquent dues/fees at time of application.
6. Own only one home and reside in their GVR home year-round.
7. Previous MAP grant recipients must reapply each year. GVR will not use any prior year's submission information.

### **Important Notes**

- ✓ Rental properties are not eligible for MAP.
- ✓ Financial information must be provided by all entities (people) named on the deed/title.
- ✓ Repayment of MAP funds is required if the home is sold or rented during the year of the MAP award.
- ✓ Applications must be received no later than December 31<sup>st</sup>, 2024.

### **Application Process**

1. Complete the attached application and submit, with copies of required documents, by December 31, 2024. If mailing, send early enough so we receive it by December 31.
2. Do not pay your 2025 member dues until your MAP application is processed.
  - ✓ No late fees will be assessed during the application process.
  - ✓ Member dues paid will not be refunded.
3. You will be notified by USPS First Class Mail of the status of your application. GVR may also call the applicant to notify them of the results.



**Eligibility Checklist:**

- ✓ Must have a household income not greater than 200% of the Federal Poverty Guidelines.
- ✓ Applicant must be listed on the property deed/title.
- ✓ Applicant must be a GVR member for at least one full year.
- ✓ Have self-paid GVR annual dues for at least one year.
- ✓ GVR members must be in good standing – no delinquent dues/fees at time of application.
- ✓ Own only one home and reside in their GVR home year-round.

**2024 Poverty Guidelines  
Annual**

<b>Persons in Household</b>	<b>Poverty Guidelines (Annual)</b>
<b>200%</b>	
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

**2024 Poverty Guidelines  
Monthly**

<b>Persons in Household</b>	<b>Poverty Guidelines (Monthly)</b>
<b>200%</b>	
1	\$2,510
2	\$3,407
3	\$4,303
4	\$5,200
5	\$6,097
6	\$6,993
7	\$7,890
8	\$8,787



# 2025 GVR MEMBER ASSISTANCE PROGRAM (MAP) APPLICATION

PLEASE CAREFULLY REVIEW AND COMPLETE EACH SECTION.

**APPLICATION DEADLINE: DECEMBER 31, 2024**

**Important:** Copies of supporting documentation requested must be provided for **each member of the household.**

## APPLICANT INFORMATION

Applicant #1 Name: \_\_\_\_\_ GVR #: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_ GVR #: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address, if different from property address:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of individuals residing in your household: \_\_\_\_\_

## SECTION 1: NON-FINANCIAL INFORMATION

Do you currently reside in this property? <i>If no, please explain:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property currently for sale or in escrow? <i>If yes, what is the date you listed the property for sale:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this property currently a rental? <i>If yes, please explain:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever applied for the Member Assistance Program? <i>If yes, what was the last year you applied:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

## **ADDITIONAL INFORMATION NEEDED**

**BANK STATEMENTS:** Please provide copies of the most **RECENT TWO MONTHS** to verify the financial information you have provided.

- ✓ **Please include copies of all statement pages.** (This includes: checking, savings, investment accounts, etc.)

**TAX RETURN:** Provide a **copy** of your **2023 Federal Tax Return 1040**.

- ✓ I do **not** file a tax return, I am exempt.      Yes       No

### **AUTHORIZATION AND SIGNATURES**

By signing this application, you authorize GVR to review and verify this application and supporting documents to establish eligibility. I authorize the verification of the information provided on this application. I understand my records will be kept confidential and only be used for consideration of my application. Applicants who knowingly withhold information or provide inaccurate or false information, are disqualified from receiving assistance.

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature

\_\_\_\_\_ Date

***Please return your completed MAP Application with copies of the requested supporting documents to:***

**Postal Mail:**

Green Valley Recreation **Finance Department**  
1070 S. Calle de las Casitas  
Green Valley, AZ 85614

**OR**

**Drop Off:**

**West Center Box Office** - 1111 S. GVR Drive, Green Valley

**GVR Administrative Offices\*** - 1070 S. Calle de las Casitas, Green Valley

*\*Admin Offices have a drop-box located at the front door that is available 24 hours / 7 days a week*

**Important Reminders:**

Your Annual Dues Statement will arrive in the mail the first week in December.

- **Do not** pay your 2025 member dues until your MAP application is processed.
  - No late fees will be assessed during the application process and dues paid will not be refunded.
- You will be notified by USPS Mail of the status of your application. GVR may also call the applicant to notify them of the results.