

OUTREACH MEMBERSHIP AFFADAVIT

Any swimmer providing documentation that demonstrates a family income less than 250% of the federal poverty level will be registered as a USA Swimming outreach athlete member through PNS at no cost to themselves and will qualify for subsidies and offsets provided by PNS. Refer to *PNS AD-17-01* for further information.

Athlete Name:		Club code:		
☐ Athlete qualifies for as a <i>Pa</i>	rtial Offset Ath	lete.		
I, the undersigned, personally attest I household income below 250% of the			s proof of family or	
☐ Proof of participating in—or qual	ifying for—the federal <u>i</u>	reduced hot lunch progra	am	
☐ Proof of participating in—or quali	ifying for—SNAP (food	stamps)		
☐ Proof of participating in—or quali	ifying for—WIC (Supple	emental Nutrition for Wo	men, Infants and Children)	
☐ Proof of participating in—or qualifying for—FDPIR (Food Distribution Program on Indian Reservations)				
☐ Proof of participating in—or qual	ifying for—TANF (Tem	oorary Assistance to Nee	edy Families Program)	
☐ Proof of participating in—or quali	ifying for—Section 8 lo	w income housing		
☐ Proof of participating in—or qualifying for—Washington's Apple Healthcare				
☐ Proof of participating in—or qualifying for—SSI (Supplemental Security Income)				
☐ Proof of participating in—or qualifying for—JOBS (Job Opportunities and Basic Skills)				
☐ Proof of participating in—or qualifying for—YMCA/Parks Department low income memberships				
□ Proof of a special situation status	s (such as foster child,	homeless, runaway, or	migrant)	
□ Proof of income (Federal tax retu	ırn or similar), showing	total family/household i	ncome falling below	
		\$71,950 (5 persons) \$82,400 (6 persons)	\$92,850 (7 persons) \$103,300 (8 persons)	
For families/household	For families/households with more than 8 persons add \$10,450 for each additional person.			
$\ \square$ The PNS Diversity and Inclusion	Chair has independen	tly approved the athlete	as a Partial Offset Athlete.	
☐ Athlete qualifies for as a <i>Fu</i>	II Offset Athlete) .		
I, the undersigned, personally attest I has household income below 125% of the			s proof of family or	
☐ Proof of participating in—or qual	ifying for—Federal <i>free</i>	hot lunch program.		
☐ Proof of income (Federal tax retu	urn or similar), showing	total family/household i	ncome falling below	
	25,525 (3 persons) 30,750 (4 persons)	\$35,975 (5 persons) \$41,200 (6 persons)	\$46,425 (7 persons) \$51,650 (8 persons)	
For families/househol	ds with more than 8 pers	ons add \$5,225 for each a	dditional person.	
☐ The PNS Diversity and Inclusion	Chair has independen	tly approved the athlete	as a Full Offset Athlete.	
By my signature below, I attest to havin	g seen the document	ation as indicated abo	ve.	
Signature	Printed		Date	