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. Each person on title must have an 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 cannot use any prior year's submission information.

Important Notes

- ✓ Rental properties are not eligible for MAP.
- ✓ Financial information must be provided by all people/entities named on the deed/title.
- ✓ Please address any recurring deposits.
- ✓ 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 31st, 2026**.

Application Process

1. Complete the attached application and submit, with copies of required documents, by December 31, 2026. If mailing, send early enough so we receive it by December 31.
2. Do not pay your 2027 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.

Eligibility Checklist:

- ✓ Each person on title must have an 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.

2027 Poverty Guidelines Annual

All Persons on Title	Poverty Guidelines (Annual)
	200%
1	$31,920

2027 Poverty Guidelines Monthly

All Persons on Title	Poverty Guidelines (Monthly)
	200%
1	$2,660

2027 GVR MEMBER ASSISTANCE PROGRAM (MAP) APPLICATION

PLEASE CAREFULLY REVIEW AND COMPLETE EACH SECTION.

APPLICATION DEADLINE: DECEMBER 31, 2026

Important: Copies of supporting documentation requested must be provided for **each member listed on title**.

APPLICANT INFORMATION

Applicant #1 Name: _____ GVR #: _____

Contact Phone: _____ Email: _____

Applicant #2 Name: _____ GVR #: _____

Applicant #1 Annual Income: _____ Applicant #2 Annual Income: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mailing address, if different from property address:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Number of individuals listed on title: _____

SECTION 1: NON-FINANCIAL INFORMATION

Do you currently reside in this property? *If no, please explain*:_____	Yes ☐ No ☐
Is this property currently for sale or in escrow? *If yes, what is the date you listed the property for sale:* _____	Yes ☐ No ☐
Is this property currently a rental? *If yes, please explain*:_____	Yes ☐ No ☐
Have you ever applied for the Member Assistance Program? *If yes, what was the last year you applied:* _____	Yes ☐ No ☐

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 **2025 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 **MAP**
1070 S. Calle de las Casitas
Green Valley, AZ 85614

OR

Drop Off:

West Center - 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 2027 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.