

# South Portland Parks & Recreation

## Financial Assistance Application 2017

Financial assistance is provided to South Portland residents only. This form must be completed and returned to the South Portland Community Center PRIOR to registering for a program. This form **must** be accompanied by each adult's most recent State or Federal Income tax return. Individuals **must** complete a new application for each calendar year.

Name of adult who is requesting assistance \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please list below the names of all individuals who reside at the above address. You must provide the social security number for each adult and the date of birth and the **current** grade in school for each child.

Adult # 1 \_\_\_\_\_  
Name Social Security Number

Adult # 2 \_\_\_\_\_  
Name Social Security Number

Child # 1 \_\_\_\_\_  
Name Birthdate Current Grade School Attending

Child # 2 \_\_\_\_\_  
Name Birthdate Current Grade School Attending

Child # 3 \_\_\_\_\_  
Name Birthdate Current Grade School Attending

Child # 4 \_\_\_\_\_  
Name Birthdate Current Grade School Attending

Child # 5 \_\_\_\_\_  
Name Birthdate Current Grade School Attending

Please indicate below who you are requesting Assistance for and what program

Name \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Program \_\_\_\_\_

Name \_\_\_\_\_ Program \_\_\_\_\_

Return this **completed** for and your most recent State or Federal Income Tax Returns to:

South Portland Community Center  
21 Nelson Road  
South Portland, ME 04106  
207-767-7650

\*\*\*\*NO EXCEPTIONS\*\*\*\*

**This paperwork must be received at least a week prior to program registration.**  
**By Date Specified on Website for Summer Camp Programs**

## Financial Information that must be provided

You must list each adult who lives at the residence and provide the requested information. Failure to include all information will result in your application being denied.

1. \_\_\_\_\_  
 Name of Adult                      Employer                      Employer Phone                      Hourly Rate                      Weekly Net Pay

2. \_\_\_\_\_  
 Name of Adult                      Employer                      Employer Phone                      Hourly Rate                      Weekly Net Pay

### LIST ALL OTHER HOUSEHOLD INCOME AND PROVIDE DOCUMENTS TO VERIFY

Social Security \$ _____/month	Child Support \$ _____/mo	Welfare \$ _____/mo
Alimony \$ _____/month	Food Stamps \$ _____/mo	Pension \$ _____/mo
Family Support \$ _____/month	Other Funding \$ _____/mo	Other \$ _____/mo

### CIRCLE ALL BENEFITS WHICH YOU RECEIVE

Reduced School Lunch                       Free School Lunch                       Subsidized Housing                       Medicaid

### PLEASE USE THIS SPACE TO LIST ALL MONTHLY HOUSEHOLD EXPENSES

Rent or Mortgage \$ _____	Electricity \$ _____	Heat \$ _____
Cable \$ _____	Cell Phone \$ _____	Food \$ _____
School Lunch \$ _____	Child Care \$ _____	Gas for Car \$ _____

Please List any other expenses that you have \_\_\_\_\_  
 \_\_\_\_\_

*I certify that all of the information provided is true and that I am responsible to notify South Portland Parks & Recreation of any change of family or financial status immediately should they occur. I understand that this completed form will be used solely for the purpose of determining financial assistance. I authorize a representative from the South Portland Parks & Recreation Department to contact city/state welfare and other officials to determine the accuracy of my financial situation.*

Signature of adult requesting assistance \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE MAKE NOTE OF OUR GUIDELINES

1. We do not provide assistance for programs that have a fee of \$75.00 or less. We will provide a payment plan if requested.
2. Financial assistance must be requested a week prior to the start of a program, with the exception of Summer Camps which have a specified date.
3. **We cannot provide financial assistance if you have an outstanding balance for any recreation programs.**
4. We will only process requests for financial assistance for current programs. Vacation camps will be processed one camp at a time.
5. You will be notified whether you receive assistance or not.

## Benefit Data Information Sheet South Portland, FY 2017

Name \_\_\_\_\_ Date \_\_\_\_\_

Please place an "X" in the appropriate box pertaining to your family's size and annual income. Fill in completely and sign where requested below.

Family Size	Income		
1	\$43,001.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
2	\$52,601.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
3	\$59,151.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
4	\$65,701.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
5	\$71,001.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
6	\$76,251.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
7	\$81,501.	Above <input type="checkbox"/>	Below <input type="checkbox"/>
8	\$86,751.	Above <input type="checkbox"/>	Below <input type="checkbox"/>

### Read this Carefully

In determining total family income use your Total Adjusted Gross Income for your household as reported on your most recent Federal Income Tax Form. If you use Form 1040- use line 35. IF you use 1040A- use line 21. If you use Form 1040EZ – use line 4.

### Beneficiary Information

Family Race – Indicate by placing an "X" in the appropriate box

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/ Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other

Family Make-up: Enter the number of elderly or severely disabled family members and indicate with an "X" if a female head of household is present

Number of elderly # \_\_\_\_\_ Severely Disabled # \_\_\_\_\_ Female Head of Household? Yes  No

Are you Hispanic/ Latino Yes No

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the City of South Portland, the State of Maine and the Federal Government are hereby authorized to verify the information contained herein.

\_\_\_\_\_  
Signature Date

TO BE FILLED OUT BY INDEPENDENT VERIFIER: ELI \_\_\_\_\_ VLI \_\_\_\_\_ LI \_\_\_\_\_ Does not qualify \_\_\_\_\_

SIGNATURE OF AUTHORIZED OFFICAL \_\_\_\_\_ DATE \_\_\_\_\_