

South Portland Parks, Recreation & Waterfront

Financial Assistance Application 2019/2020

Financial assistance is provided to South Portland residents only. **This form must be 100% completed** and returned to the South Portland Community Center PRIOR to registering for a program. **(Summer Camp deadline - Friday, April 3rd, 2020).** **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 2 week prior to program registration.

Summer Camp Programs Deadline - Friday, April 3rd, 2020

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. .
2. Financial assistance must be requested 2 weeks 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.
5. You will be notified whether you receive assistance or not.

**Benefit Data Information Sheet
South Portland FY 2019**

This information will be updated upon receiving the 2020 Federal Guidelines

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	Above	Below
1	\$52,101	<input type="checkbox"/>	<input type="checkbox"/>
2	\$59,551	<input type="checkbox"/>	<input type="checkbox"/>
3	\$67,001	<input type="checkbox"/>	<input type="checkbox"/>
4	\$74,401	<input type="checkbox"/>	<input type="checkbox"/>
5	\$80,401	<input type="checkbox"/>	<input type="checkbox"/>
6	\$86,351	<input type="checkbox"/>	<input type="checkbox"/>
7	\$92,301	<input type="checkbox"/>	<input type="checkbox"/>
8	\$98,251	<input type="checkbox"/>	<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. (You must attach a copy of your tax documents)

Beneficiary Information

(This section must be fully completed)

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 _____