

South Portland Parks, Recreation & Waterfront

Financial Assistance Application 2020/2021

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 16th 2021).** **This form MUST be accompanied by each adult's most recent State or Federal Income tax return.** Individuals

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.
6. You must complete a new application for each calendar year.

Name of Head of Household _____

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

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 16th, 2021

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

Name _____	Program _____
Name _____	Program _____
Name _____	Program _____
Name _____	Program _____
Name _____	Program _____

Required Financial Information

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
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2. _____

Name of Adult	Employer	Employer Phone	Hourly Rate	Weekly Net Pay
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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
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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 _____

COVID-19 – Eligibility

What COVID-19 related event led to the current financial impact or loss of income?

- Layoff/ furlough Reduction in hours/pay Loss of childcare or school closing
- Inability to work due to being medically compromised or caring for someone who is medically compromised.
- Another event- use the space *below* to explain.

Benefit Data Information Sheet - South Portland FY 2019

This information will be updated upon receiving the 2020 Federal Guidelines

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	\$54,951	<input type="checkbox"/>	<input type="checkbox"/>
2	\$62,801	<input type="checkbox"/>	<input type="checkbox"/>
3	\$70,651	<input type="checkbox"/>	<input type="checkbox"/>
4	\$78,501	<input type="checkbox"/>	<input type="checkbox"/>
5	\$84,801	<input type="checkbox"/>	<input type="checkbox"/>
6	\$91,101	<input type="checkbox"/>	<input type="checkbox"/>
7	\$97,351	<input type="checkbox"/>	<input type="checkbox"/>
8	\$103,651	<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 -Form 1040A- use line 21. If you use - Form 1040EZ – use line 4. (You must attach a copy of your tax documents)

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 understand that the City of South Portland Parks, Recreation and Waterfront is relying on this information to prove my household's eligibility for assistance programs. I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

Signature of Head of Household

Date

TO BE FILLED OUT BY INDEPENDENT VERIFIER: ELI _____ VLI _____ LI _____ Does not qualify _____
SIGNATURE OF AUTHORIZED OFFICAL _____ DATE _____