

Easton Recreation Department Financial Assistance Eligibility Application Form

Head of Household: _____ Number of Household Members: _____

Address: _____

Telephone: _____ (Home) _____ (Cell)

Instructions for applying:

1. List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.
2. Next to each person's name, list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the *gross income* each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions*. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often it was received (weekly, every other week, twice a month, or monthly). In column two, list the amount each person got last month from welfare, child support, and alimony. In column three, list pensions, retirement, and Social Security. In the *All Other Income* column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who live in your household, and ANY OTHER INCOME.
3. Check the no income box if the person does not have any income.

Total Household Gross Income—You must tell us how much and how often					
1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly_____	\$150/weekly_____	\$100/monthly_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

I certify that all information on this application is true and that all income is reported. I understand that Easton Recreation Department reserves the right to ask for written proof to verify application information. I understand that I will be financially responsible for the full amount of any program fees if it is subsequently determined that I do not meet the eligibility guidelines. I also understand that the awarded discount can be changed at any time due to financial constraints of the program and availability of funding.

Signature _____ Date _____