

MASHPEE RECREATION DEPARTMENT
FINANCIAL ASSISTANCE APPLICATION

Name _____

Address _____ Phone _____

Have you ever received financial assistance from Mashpee Recreation Department?
YES _____ NO _____

If yes, when and for what program? _____

What program are you currently applying for? _____

Program Name _____ Start Date _____ Time _____

Please indicate the type of program you are applying for YOUTH _____ ADULT _____

Pre-School Before/After School Summer Camp

Continuing Ed Sports Other

Name of person registering for the class _____

List All Household Members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINUE ON REVERSE

Monthly Finances:

Employer _____

Address _____ Phone _____

Total Monthly household wages _____

Child Support _____

Other Income _____

Total Gross Income _____

Other extenuating circumstances _____

Are you receiving any of the following?

SSI

Food Stamps

AFDC

Public Assistance

Handicapped

Please attach a copy of your most recent 1040 Federal Tax Teturn (and/or verification of income exempt from paying taxes) and your most recent payroll stub or public assistance notification.

By signing below, I certify that the information contained in my application is correct and I authorize Mashpee Recreation Department to verify all information listed above.

ALL INFORMATION PROVIDED BY THE APPLICANT IS CONFIDENTIAL

Signature _____ Date _____