

Seymour Community Services

20 Pine Street
Seymour, CT 06483
Telephone 203-888-0406

seymour.ct.myrec.com • facebook.com/seymour.ct

2021 Financial Assistance Request Form

Seymour Community Services offers financial assistance for programs to qualified members. We are community based and believe that our programs should be available to all residents of Seymour and that no one should be turned away because of their inability to pay.

Financial Assistance is available on a sliding scale and is based on family size and household income.

It is easy to apply:

1. Complete this application, including name and contact details, household members, and itemized income information.
2. A copy of your most recent IRS tax statement (tax return) and the last three pay stubs of all working adults must be included to process the application. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. Include any other documentation that supports your current income. (This information will be held confidential).

| | | | |
|--|--|-------------------------------------|--|
| Program Name: | | Today's Date: | |
| Have you previously applied for Financial Assistance or a payment plan? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If yes, were you approved for Financial Assistance or a payment plan? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Total amount you feel you can pay per week for program fees. | | \$ _____ | |
| Your Name: _____ | | Your Date of Birth: _____ | |
| Address: _____ | | | |
| City, State, Zip: _____ | | | |
| Home Phone: _____ | | Work Phone: _____ Cell Phone: _____ | |
| Place of Current Employment: | | Length of Current Employment | |

| LIST ALL HOUSEHOLD MEMBERS | | | |
|----------------------------|------------|---------------|--------------------------|
| Last Name | First Name | Date of Birth | Attending Program |
| 1. | | | <input type="checkbox"/> |
| 2. | | | <input type="checkbox"/> |
| 3. | | | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> |
| 5. | | | <input type="checkbox"/> |
| 6. | | | <input type="checkbox"/> |

| HOUSEHOLD INCOME | Monthly |
|---|----------------|
| Wages, Salaries, & Tips (all sources) | \$ |
| Unemployment Compensation | \$ |
| Social Security Compensation | \$ |
| Disability Compensation | \$ |
| Child Support | \$ |
| Alimony | \$ |
| Aid to Dependent Children | \$ |
| Food Stamps | \$ |
| Housing Assistance | \$ |
| Utility Assistance | \$ |
| 401k/Retirement | \$ |
| Other Income | \$ |
| Total Monthly Income from all sources listed | \$ |

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Please attach:

- Copy of the most recent IRS Tax Statement (Tax Return)
- Last Three pay stubs of all working adults must be included for this application to be processed.
- Your SSI Allocation Statement
- Your DSS budget worksheet must be included
- Any unemployment documents (if applicable) must be included
- You may choose to include:
- W-2's and/or any other documentation that supports your current income. (this information will be held confidential)

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a community services staff member will contact me. I acknowledge that an incomplete application will not be processed.

Applicant's Name: _____

Signature: _____ **Date:** _____

Office Only

Program _____ Dates of Program _____

Date Received _____ Financial Assistance Awarded (%) _____

Approval Signature _____ Date Approved _____