

2023 Summer Recreation Camp Financial Assistance Request Form

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|---------------|-------------------------------------|---------------|--|
| Program Name: | 2023 Seymour Recreation Camp | Today's Date: | |
|---------------|-------------------------------------|---------------|--|

Seymour Community Services is community based and believe that our programs should be available to all residents of Seymour regardless of their ability to pay. We offer financial assistance on a sliding scale based on family size and household income. **To apply:**

1. Complete this application in its entirety. Incomplete forms may delay or disqualify applicants from aid.

2. **Must attach:** This information will be held confidential

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|---|---|
| <input type="checkbox"/> 2022 IRS Tax Return | <input type="checkbox"/> Unemployment documents (if applicable) |
| <input type="checkbox"/> Last 3 pay stubs of all working adults | <input type="checkbox"/> Other documentation/explanation of special Financial circumstances (if applicable) |
| <input type="checkbox"/> SSI Allocation Statement(s) | |
| <input type="checkbox"/> DSS budget worksheet(s) | |

| | |
|--|-------------------------------------|
| 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: _____ Seymour, CT 06483 (must reside/go to school in Seymour) | |
| Home Phone: _____ | Work Phone: _____ Cell Phone: _____ |
| Current Employer: _____ | Length of Employment _____ |

| LIST ALL HOUSEHOLD MEMBERS (include anyone living in home but not on Tax Return) | | | |
|--|------------|---------------|--------------------------------------|
| Use back of paper if need additional space | | | |
| Last Name | First Name | Date of Birth | Title |
| | | | Head of Household |
| | | | Adult 2 (if applicable) |
| | | | Dependent 1 <input type="checkbox"/> |
| | | | Dependent 2 <input type="checkbox"/> |
| | | | Dependent 3 <input type="checkbox"/> |
| | | | Dependent 4 <input type="checkbox"/> |

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

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.

Signature: _____

| Office Use ONLY | |
|--------------------------|--|
| Date Received _____ | Financial Assistance Awarded (%) _____ |
| Approval Signature _____ | Date Approved _____ |