



Town of Barnstable 2017-18 Financial Aid Application



Applicant's Name _____

Date _____

Street _____

PO Box _____

Village _____ Zip Code _____

Phone Number _____

Email Address _____

Please list **ALL** persons living in this household and their ages:

Names (including applicant)	Ages	Names	Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME (GROSS) FOR ALL PERSONS IN HOUSEHOLD. (Please circle whether income listed is weekly or monthly).

Wages from employment	\$ _____ weekly/monthly
Transitional Assistance	\$ _____ weekly/monthly
Social Security Disability	\$ _____ weekly/monthly
Social Security	\$ _____ weekly/monthly
Veterans Benefits	\$ _____ weekly/monthly
Pensions	\$ _____ weekly/monthly
Unemployment Benefits	\$ _____ weekly/monthly
Child Support	\$ _____ weekly/monthly
Housing Assistance	\$ _____ weekly/monthly
Food Stamps	\$ _____ weekly/monthly
Other _____	\$ _____ weekly/monthly
Total Income	\$ _____ weekly/monthly

**** VERIFICATION OF INCOME MUST BE ATTACHED TO THIS APPLICATION****

Applicants must furnish proof of income by submitting a copy of the previous year's tax form and any other **documentation** evidencing assistance you are currently receiving. If the address on your income tax return does not reflect a Town of Barnstable address, please include a copy of your most recent real estate, personal property or excise tax bill. **All information will be kept confidential. Please remove social security numbers on all documents you submit.**

Must be signed in order to accept application:

I attest, under penalty of perjury, that the document/s attached are genuine and that all information provided is accurate and reflective of my current existing financial situation, and that all sources of income are accounted for herein.

Applicant/Parent-Guardian _____

Date _____

FOR BARNSTABLE RECREATION DIVISION:

Program(s) Registering for: _____

1) All applicants must be a Town of Barnstable Resident/Taxpayer and are required to pay 50% of the program fee at the time of registration. If the applicant qualifies for assistance, their account will be considered paid in full unless you are registering for the Leisure Program, which awards a \$200 discount per participant. If the applicant does not qualify for assistance, they will be billed for the balance. All balances must be paid in full prior to the start of the program.

2) Divorced applicants must provide a copy of their Divorce Decree or other legal document indicating parental financial responsibilities to their child(ren).

For additional information, please contact the Recreation Division at 508-790-6345.

Please submit application along with proof of income to:

Town of Barnstable
Recreation Division
141 Bassett Lane
Hyannis, MA 02601
Attn: Financial Aid

All applications will be reviewed for processing on a weekly basis. Applicants will be notified by mail within two weeks of receipt.

2/2017