Application for Financial Assistance for Parks & Recreation Department Programs

Application must be submitted to General Assistance Office, c/o Human Resources Department, 41 South Main Street, PO Box 483, Hanover, NH 03755 or humanresources@hanovernh.org

The Town of Hanover endeavors to make recreation opportunities available to all interested residents, regardless of income. To that end, we provide scholarships to those who might not otherwise be able to participate. Scholarships may be for all or a portion of the program fee, depending on ability to pay. Proof of residency and income required.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Telephone #:</th>
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<tbody>
<tr>
<td>Physical address:</td>
<td>Mailing address (if different):</td>
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<tr>
<td>City, State, Zip:</td>
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Name of program for which you seek assistance: ________________________________

Cost of program: $__________ How much of this can you afford? $__________

Section I: Household Information

List all persons residing in household (including applicant):

<table>
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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Is this family member employed?</th>
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Are you or any member of your household currently eligible for and/or receiving assistance from any of the following programs (check every program that applies to your household)? Please include copies of any documentation that may demonstrate your need for financial assistance (copies will be kept confidential and will be destroyed after decision is made).

- __ Fuel Assistance
- __ Medicaid
- __ Subsidized Housing
- __ Old Age Assistance
- __ Aid to the Needy Blind
- __ Aid to Women, Infants & Children (WIC)
- __ Commodity Supplemental Food Program (CSFP)
- __ Aid to Permanently and Totally Disabled (APTD)
- __ Financial Assistance to Needy Families (FANF)
- __ Food Stamps
- __ Town General Assistance
- __ Free or Reduced Lunch
- __ Healthy Kids
- __ Other (please describe):

(Please complete other side of this form.)
Section II: Income & Expense Information

Note: Current recipients of Town General Assistance do not have to complete this section.

Please list information below for all employed family members:

<table>
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<tr>
<th>Name</th>
<th>Employer Name</th>
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<th>Gross Monthly Income</th>
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Total Household Gross Monthly Income $ ____________

Please list major household expenses:

- Rent/Mortgage (copy of lease required) $ ____________
- Car Payments $ ____________
- Food $ ____________
- Utilities (heat, water, electricity) $ ____________
- Telephone $ ____________
- Medical Expenses $ ____________
- Other (please describe) $ ____________

Total Monthly Expenses $ ____________

Please provide any other information that the Town should consider in reviewing your request for assistance:

Section III: Certification

I hereby certify the information I have provided is true and accurate. I further certify am a resident of the Town of Hanover. I understand that any additional fees (i.e. supply fees, late fees, uniform fees, other fees) are my responsibility regardless of scholarship status.

________________________________________  ____________________________
Applicant Signature  Date

FOR INTERNAL USE ONLY

If approved, amount of assistance granted:

If denied, reason(s) for denial:

________________________________________  ____________________________
Signature/Title  Date