

# 2024 Summer Recreation Camp Financial Assistance Request Form

## DUE NO LATER THAN May 1, 2024

Program Name:	<b>2024 Seymour Recreation Camp</b>	Today's Date:	
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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"/> 2024 IRS Tax Return & W2s              | <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 even if not on Tax Return)				
Title	Attending Camp	Last Name	First Name	Date of Birth
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	\$ _____	<b>Total MONTHLY Income</b>	<b>\$ _____</b>
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 _____