

Chatham Parks & Recreation

Chatham Community Center
702 Main Street
Chatham, MA 02633
Telephone (508) 945-5175
Fax (508) 945-5159

www.chathamcommunitycenter.com

Application for Financial Aid

Directions:

1. Applicants must be residents of Chatham. Proof of residency is required.
2. **Verification of Income is required.** A copy of the previous year's IRS Tax Statement (Federal Tax Return) and/or your Social Security Income Allocation Statement to verify your annual earnings. Please black out your Social Security Number as well as any bank account information.
3. Aid is determined by the 2019 U.S. Department of Health & Human Services Poverty Guidelines as well as extenuating circumstances.
4. **Please note:** If you are applying for Financial Aid, all program registration forms must be accompanied by one half of the program fee at the time of application. If the applicant subsequently qualifies for financial aid the registration fee will be considered paid in full. If the applicant does not qualify for assistance, the remaining balance must be paid in full prior to the start of the program.

Date of Application: _____

Please note: *All information will be kept confidential.*

Applicant's Name:	Telephone Number:
Mailing Address:	e-mail address:

Gross Annual Income for all persons in household:

Wages, salaries & tips	_____	Veteran's Benefits	_____
Unemployment Compensation	_____	Pension Benefits	_____
Transitional Assistance	_____	Child Support	_____
Social Security Income	_____	Alimony	_____
S. S. Disability Income	_____	Other	_____

Extenuating Circumstances: Briefly describe

I, the Applicant, under penalty of perjury, attest that all of the information and documentation provided is accurate and reflective of my current existing financial situation, and that all sources of income are accounted herein.

Applicant/Parent/Guardian **signature**

Date