



Town of Barnstable 2019-20 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 return 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.**

SIGNATURE IS REQUIRED ON REVERSE SIDE

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.

1/2018