



## Town of Portland Youth Services/Parks & Recreation Program Financial Assistance Request Form

Equal Opportunity Employer

<b>PERSONAL INFORMATION</b>			
Name (Last, First, MI)		Date of Birth	
Address (Portland, CT)		How long at this address?	
Telephone #		Alternate #:	
List all members of the household, their age and relationship:	<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>
Is anyone in the household:	<input type="checkbox"/> ILL	<input type="checkbox"/> DISABLED	<input type="checkbox"/> ELDERLY
If yes, state relationship to that person:			

<b>ASSETS / CURRENT ASSISTANCE – DOCUMENTATION IS REQUIRED</b>		
Name & Address of Employer (applicant):		
Name & Address of Employer (spouse/other):		
HOUSING:	Mortgage: \$	Rent: \$
General monthly expenses:		
Other Household Income:	APPLICANT	SPOUSE / OTHER
<input type="checkbox"/> UNEMPLOYMENT	\$	\$
<input type="checkbox"/> SOCIAL SECURITY, SSI, DMHAS	\$	\$
<input type="checkbox"/> CHILD SUPPORT, ALIMONY	\$	\$
<input type="checkbox"/> INCOME	\$	\$
<input type="checkbox"/> OTHER: FOOD STAMPS, FUEL ASSISTANCE, REDUCED LUNCH	\$	\$
<b>PLEASE ATTACH TWO MOST RECENT PAY STUBS TO APPLICATION</b>		
<b>PLEASE LIST:</b>		
<b>Program/s wanting payment assistance for:</b>		
<b>REASON:</b>		

\* \* BELOW FOR OFFICE USE ONLY \* \*

Client Personally Appeared     Client Telephoned Request    Date & Time: \_\_\_\_\_

Interviewed by:	Date:
Remarks:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (if denied state reason):