

TOWN OF GLASTONBURY
FINANCIAL ASSISTANCE: RECREATIONAL PROGRAMS FOR YOUTH AND CHILDREN

Glastonbury Social Services
Riverfront Community Center, 300 Welles Street
Glastonbury, CT 06033

Head of Household: _____

Address: _____

Telephone Number: _____ Total Number of People in Household: _____

Household Income

(Please attach proof of your household's **gross income for the previous 4 weeks**. Examples of income to be included are employment earnings; child support; alimony; Social Security; SSI)

Name	Source of Income	Gross Monthly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information provided is true and correct. I give consent to the Town of Glastonbury to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that I will be financially responsible for meeting any and all cost incurred by the Town of Glastonbury if it is subsequently determined that I do not meet the eligibility guidelines.

Signature of Applicant

Date

PLEASE PRINT

List ALL Household Members

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY

Above household is eligible for a fee waiver of: _____ **25%** _____ **50%** _____ **75%**

Waiver valid from _____ through _____

Information verified by: _____

Signature/Title

Date