



**TOWN OF SOMERS
RECREATION SUBSIDY PROGRAM
APPLICATION**



2018 Summer Camps

Applicant's Name _____

Applicant's Address _____

Phone _____ (HOME) _____ (WORK) _____ (CELL)

Email Address _____ Number of household members _____

HOUSEHOLD COMPOSITION

You must provide proof of the household's gross income for the last four consecutive weeks

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	INCOME (Gross monthly amount and source)

I certify that the information provided is accurate. I give consent to the Town of Somers to contact such individuals as necessary to obtain verification of the information provided on this application. I understand that I will be financially responsible for meeting any and all cost incurred by the Town of Somers if it is subsequently determined that I do not meet the eligibility guidelines. I have received a copy of the Recreation Subsidy Program Policy.

SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY

Household is eligible for a subsidy of:
 _____ 90% _____ 75% _____ 50% _____ 25% _____ 10%

HUMAN SERVICES DEPARTMENT STAFF SIGNATURE DATE
(PRINT NAME)



TOWN OF SOMERS RECREATION SUBSIDY PROGRAM FINANCIAL ASSISTANCE VOUCHER



2018 Summer Camps

Applicant's Name _____

Applicant's Address _____

Phone _____ (HOME) _____ (WORK) _____ (CELL)

Email Address _____ Number of household members _____

NAME OF ACTIVITY/PROGRAM	FULL COST	DISCOUNT	CUSTOMER BALANCE DUE
TOTAL			

*Applicants may apply discounts received through the Recreation Subsidy Program to any 2018 Summer Camps

FOR OFFICE USE ONLY

Household is eligible for a subsidy of:

_____ 90% _____ 75% _____ 50% _____ 25% _____ 10%

HUMAN SERVICES DEPARTMENT STAFF _____ SIGNATURE _____ DATE _____
(PRINT NAME)

RECREATION DEPARTMENT STAFF _____ SIGNATURE _____ DATE _____
(PRINT NAME)