



**TOWN OF SOMERS
RECREATION SUBSIDY PROGRAM
APPLICATION**

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 <small>(Gross monthly amount and source)</small>

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:
 _____ 75% _____ 50% _____ 25% _____ 10%

 SOCIAL SERVICES DEPARTMENT STAFF SIGNATURE DATE



**TOWN OF SOMERS
RECREATION SUBSIDY PROGRAM
FINANCIAL ASSISTANCE VOUCHER**

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			

FOR OFFICE USE ONLY

Household is eligible for a subsidy of:

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

SOCIAL SERVICES DEPARTMENT STAFF (PRINT NAME) SIGNATURE DATE

RECREATION DEPARTMENT STAFF (PRINT NAME) SIGNATURE DATE