



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 for all household members over the age of 18.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	INCOME <small>(Gross monthly amount and source)</small>
TOTAL HOUSEHOLD INCOME			

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%

_____ # of program units in calendar year _____

HUMAN SERVICES DEPARTMENT STAFF
(PRINT NAME)

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:

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

_____ # of program units in calendar year _____

HUMAN SERVICES DEPARTMENT STAFF SIGNATURE DATE
(PRINT NAME)

RECREATION DEPARTMENT STAFF SIGNATURE DATE
(PRINT NAME)