



**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 plus most recent annual federal tax return.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	INCOME <small>(Gross annual income, all sources) Copies attached.</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

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			

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