



**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:

\_\_\_\_\_ 90%    \_\_\_\_\_ 75%    \_\_\_\_\_ 50%    \_\_\_\_\_ 25%    \_\_\_\_\_ 10%

\_\_\_\_\_  
SOCIAL SERVICES DEPARTMENT STAFF SIGNATURE DATE

