



Town of Portland Youth Services/Park & Recreation Program Financial Assistance Request Form

Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, MI)		Date of Birth	
Address (Portland, CT)		How long at this address?	
Telephone #		Alternate #:	
List all members of the household, their age and relationship:	NAME	AGE	RELATIONSHIP
Is anyone in the household:	<input type="checkbox"/> ILL	<input type="checkbox"/> DISABLED	<input type="checkbox"/> ELDERLY
If yes, state relationship to that person:			

ASSETS / CURRENT ASSISTANCE – DOCUMENTATION IS REQUIRED

Name & Address of Employer (applicant):			
Name & Address of Employer (spouse/other):			
HOUSING:	Mortgage: \$	Rent: \$	
General monthly expenses:			
Other Household Income:	APPLICANT	SPOUSE / OTHER	
<input type="checkbox"/> UNEMPLOYMENT	\$	\$	
<input type="checkbox"/> SOCIAL SECURITY, SSI, DMHAS	\$	\$	
<input type="checkbox"/> CHILD SUPPORT, ALIMONY	\$	\$	
<input type="checkbox"/> INCOME	\$	\$	
<input type="checkbox"/> OTHER: FOOD STAMPS, FUEL ASSISTANCE, REDUCED LUNCH	\$	\$	

PLEASE ATTACH TWO MOST RECENT PAY STUBS TO APPLICATION

PLEASE LIST:					
Program/s wanting payment assistance for:					
REASON:					

* * BELOW FOR OFFICE USE ONLY * *

Client Personally Appeared Client Telephoned Request Date & Time: _____

Interviewed by:		Date:	
Remarks:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (if denied state reason):		