



FINANCIAL ASSISTANCE APPLICATION

To assure that all residents and public school students are able to access Concord Recreation programs, we are proud to provide financial assistance to those that qualify. Concord Recreation reserves the right to exercise managerial discretion regarding financial assistance, and to limit the amount of funding allocated to any given household or individual.

Eligibility

- Concord Resident and/or students at Concord Public Schools and Concord-Carlisle High Schools can apply for assistance.
- Financial assistance is determined without regard to race, sex, religion, cultural heritage, political beliefs, marital status or sexual preference of the applicant or participant and based on the current federal poverty guidelines.
- *Priority for assistance is given to those applicants looking to attend our day-care model programs (full day summer camps, Before School, AfterSchool, Carousel Preschool) and other programs that would support a parent/guardian's employment or education schedule.*
- Assistance is not available for Beede Center memberships, group fitness, aquatics fitness, diving programs, Lifeguard/WSI classes, personal training, body composition testing, masters swim team, or private reformer/pilates classes.
- Assistance is not available for programs under \$90.
- Assistance is based upon your Form 1040 adjust gross income and is compared to the federal poverty guidelines.

Application Deadlines

- To be considered for financial assistance, applications are due with all supporting documents at least 15 business days before the start of the program.
- For summer camp programs, applications are due at least 10 business days before the start of the program.

Application Instructions

- The completed application and the following required documents are due by the above stated dates:
 - Concord Recreation Financial Assistance Form.
 - Proof of Residency/Public School Enrollment (Concord Residents and Public School Students).
 - Prior year, or most recent year tax return for all individuals earning wages in the household. Form 1040 required.
 - Tax Filing Extension Form, if applicable.
 - Proof of any income not listed on tax return (including awards and forms as noted in income chart on page 2).
- Applications and all required paperwork, in full, should be delivered or emailed to **DFimiani@concordma.gov**.

Participant Information

First Name _____ Last Name _____ D.O.B _____
 Address _____
 Grade _____ School _____

Parent/Guardian/Applicant Information

First Name _____ Last Name _____
 Address _____
 Home Phone _____ Cell Phone _____
 Email Address _____

Are you living in subsidized housing? ___ Yes ___ No

I am requesting financial assistance for the following program(s):

<u>Program Name</u>	<u>Program Date(s)</u>
_____	_____
_____	_____
_____	_____

HOUSEHOLD INFORMATION

Please list all individuals residing at your household.

Name	Relationship to Participant	Age	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____



If someone in your household is over the age of 18 and *not working*, please explain why:

FINANCIAL INFORMATION

Please list your total monthly household income, prior to deductions. Income sources listed should include wages of all working household members (working individuals living under the same roof), welfare payments, pension, social security, child support, and other income. Concord Recreation reserves the right to request all supporting documents (and others not listed below) in relation to this financial assistance application.

Source of Income	Monthly Income	Source of Income	Monthly Income
Household wages	\$	Workers Compensation	\$
Self-Employment/odd jobs	\$	SSA, SSI, SSDI, SSP	\$
Unemployment Assistance	\$	Pension, Interest/Dividends, Rental Income, Capital gains, IRA, Lump Sum	\$
Government Assistance (SNAP, Welfare, EAEDC, DTA/TANF, TAFDC)	\$	Financial support from other agencies (local or otherwise)	\$
Child Support/Friend of Courts	\$	Veterans Benefits	\$
TOTAL MONTHLY INCOME			\$

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I authorize the Concord Recreation Department to contact employers, social agencies, housing agencies, etc. in order to verify the information on this application.
- I understand that the deliberate misrepresentation of the information will disqualify me from consideration for financial assistance.
- I understand that this award can be applied to day care model program (camp, afterschool, vacation weeks) and **two additional qualified programs** for the participant within the **tax year** of the application. Unused awards cannot be transferred to the next year and cannot be compiled.
- I understand that I will need to reapply for financial assistance each tax year and that this award amount may change based on documentation and federal poverty level scales.
- I understand that awards do not apply to registration fees, joining fees, change fees, or cancellation fees and they are to be paid in full.
- I understand that if I have not filed the prior year's 1040, I will be required to return that once it is completed. After evaluation, the Recreation Department reserves the right to adjust the award amount based on the prior year's 1040 Form.
- I understand that if applicable, vacation day and professional day programs may only be discounted up to 50%.
- I understand that if I am applying for a program that can be paid in installments, I will be **required** to put a credit or debit card on file to be charged on the agreed upon dates.
- I understand that all household balances must be paid before a household can be considered for another financial award.
- I understand that once awarded, the applicant/participant must abide by the agreed upon payment plan in order to remain in the program.
- I understand that any recipient awarded financial assistance must maintain regular attendance at the program. If unable to participate, the recipient must contact the Recreation Department as soon as possible. Full payment will be required if a participant does not attend or withdraw in accordance with program guidelines.
- I understand that this application does not assume a spot will be reserved for the participant in any program.
- I understand that all program requirements and policies must be followed. This includes all required forms, health requirements, waivers, rules, etc.

Applicant Signature _____ **Printed Name** _____ **Date** _____



For Internal Use Only

Date Received _____

% Reduction _____

Sent to Social Services: YES NO

Processed by _____

Award Accepted: _____

Award from Social Services: _____

Approved: YES NO

Award Dates: _____