

## **Easton Recreation Department Financial Assistance Policy**

Discounted registration fees may be available to those who qualify, on a sliding scale, based upon availability of funds and Federal Income Guidelines.

Please fill out the Financial Assistance Eligibility Application Form. Information on the application is confidential and will be used only for the purpose of determining eligibility for the financial assistance program. This application is kept on file for one year, and a new application must be submitted if financial need continues the following year.

The Financial Assistance Eligibility Application Form is a “request form” only, not a confirmation of registration. The Recreation Department will review all applications and determine the availability of funds prior to the approval of each registration request. Upon approval, the Recreation Department will confirm registration with the applicant.

Eligible individuals and families must follow the regular registration process. Registration deadlines will apply. Registration for many programs is limited and eligibility for financial assistance does not guarantee enrollment in a program.

Services exempt from financial assistance include: Blue Hills ski or snowboard season pass

- Equipment Rentals (skis, skates, etc.) Daily admissions (town pool)
- Birthday parties at the town pool
- Ticket Sales (group trips, field trips)
- Also, some programs are run by outside contractors. Discounts for these programs will vary and be dependent upon instructor fees.

***This list is subject to change at the discretion of the  
Easton Recreation Department.***

Check this box if you would like this application to be sent to Easton’s [Office of Financial Services](#) within the Health and Community Services department. This office helps identify potential financial resources and benefits for individuals with certain needs at no cost. For a list of potential resources and benefits please call (508) 230 0690 and ask to speak to Tracie Levene.

## Easton Recreation Department Financial Assistance Eligibility Application Form

Head of Household: \_\_\_\_\_ Number of Household members: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Instructions for applying:

1. List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if needed.
2. Next to each person's name, list each type of income received last month, and how often it was received. For example, *Earnings from work*: List the *gross income* each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often it was received (weekly, every other week, twice a month, or monthly). In column two, list the amount each person got last month from welfare, child support, and alimony. In column three, list pensions, retirement, and Social Security. In the *All Other Income* column, include -Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who live in your household, and ANY OTHER INCOME.
3. Check the no income box if the person does not have any income.

<b>Total Household Gross Income—You must tell us how much and how often</b>					
1. Name (List everyone in household)	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>			3. Check if NO income	
Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income		
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>
\$ /	\$ /	\$ /	\$ /		<input type="checkbox"/>

I certify that all information on this application is true and that all income is reported. I understand that Easton Recreation Department reserves the right to ask for written proof to verify application information. I understand that I will be financially responsible for the full amount of any program fees if it is subsequently determined that I do not meet the eligibility guidelines. I also understand that the awarded discount can be changed at any time due to financial constraints of the program and availability of funding.

Signature \_\_\_\_\_

Date \_\_\_\_\_

