



Town of Barnstable 2020-21 Financial Aid Application



Applicant's Name _____ Date _____

Street _____ PO Box _____

Village _____ Zip Code _____ Phone Number _____

Email Address _____

Please list ALL persons living in this household and their ages:

| Names (including applicant) | Ages | Names | Ages |
|-----------------------------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

INCOME (GROSS) FOR ALL PERSONS IN HOUSEHOLD. **(Please circle whether income listed is weekly or monthly).**

- Wages from employment \$ _____ weekly/monthly
- Transitional Assistance \$ _____ weekly/monthly
- Social Security Disability \$ _____ weekly/monthly
- Social Security \$ _____ weekly/monthly
- Veterans Benefits \$ _____ weekly/monthly
- Pensions \$ _____ weekly/monthly
- Unemployment Benefits \$ _____ weekly/monthly
- Child Support \$ _____ weekly/monthly
- Housing Assistance \$ _____ weekly/monthly
- Food Stamps \$ _____ weekly/monthly
- Other _____ \$ _____ weekly/monthly
- Total Income** \$ _____ weekly/monthly

**** VERIFICATION OF INCOME MUST BE ATTACHED TO THIS APPLICATION****

Applicants must furnish proof of income by submitting a copy of the previous year's tax return and any other documentation evidencing assistance you are currently receiving. If the address on your income tax return does not reflect a Town of Barnstable address, please include a copy of your most recent real estate, personal property or excise tax bill. **All information will be kept confidential. Please remove social security numbers on all documents you submit.**

SIGNATURE IS REQUIRED ON REVERSE SIDE

Must be signed in order to accept application:

I attest, under penalty of perjury, that the document/s attached are genuine and that all information provided is accurate and reflective of my current existing financial situation, and that all sources of income are accounted for herein.

Applicant/Parent-Guardian

Date

FOR BARNSTABLE RECREATION DIVISION:

Program(s) Registering for: _____

1) All applicants must be a Town of Barnstable Resident/Taxpayer and are required to pay 50% of the program fee at the time of registration. If the applicant qualifies for assistance, their account will be considered paid in full unless you are registering for the Leisure Program, which awards a \$200 discount per participant. If the applicant does not qualify for assistance, they will be billed for the balance. All balances must be paid in full prior to the start of the program.

2) Divorced applicants must provide a copy of their Divorce Decree or other legal document indicating parental financial responsibilities to their child(ren).

For additional information, please contact the Recreation Division at 508-790-6345.

Please submit application along with proof of income to:

Town of Barnstable
Recreation Division
141 Bassett Lane
Hyannis, MA 02601
Attn: Financial Aid

All applications will be reviewed for processing on a weekly basis. Applicants will be notified by mail within two weeks of receipt.

1/2018



Town of Barnstable
 Community Development Block Grant (CDBG) program
Income Certification form for Public Service Activities

Program: 2020 Youth Scholarship Program

This program is funded in whole or in part with Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD). This form is required to document household income. Please complete the fields below. Adult household member must sign to certify the the information is complete and accurate, and that source documentation will be provided upon request.

| Name | Address | Phone |
|------|---------|-------|
| | | |

Household Information:

| List Names of All Household Members* | Relationship | Age | Programs Participating in |
|--------------------------------------|--------------|-----|---------------------------|
| 1. | Self | | N/A |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

Income Information:

| Total Number of Persons in Household | Total Annual Income (of all adult members of household) | Head of Household Female or Male? |
|--------------------------------------|---|-----------------------------------|
| | | |

Demographic Information: *For HUD Reporting purposes only. Please only report on the youths participating in the programs.*

| Report of beneficiaries by Race & Ethnicity | Number of Persons by Race | Number of persons who are Hispanic or Latino by Race |
|---|---------------------------|--|
| White | | |
| African-American/Black | | |
| Asian | | |
| American Indian/Alaskan Native | | |
| Native Hawaiian/Other Pacific Islander | | |
| Am. Indian/Alaskan Native & White | | |
| Asian & White | | |
| African-American/Black & White | | |
| American Indian/Alaskan Native & African-American/Black | | |
| Other Multi-Racial | | |

Certification: I certify, under penalties of law, that this information is complete and accurate and agree to provide, upon request, documentation on all income sources to the Town of Barnstable, Program Administrator.

| Signature | Printed Name | Date |
|-----------|--------------|------|
| | | |