



Application for Financial Assistance for Parks & Recreation Department Programs

*Application must be submitted to General Assistance Office,
c/o Human Resources Department, 41 South Main Street, PO Box 483,
Hanover, NH 03755 or humanresources@hanovernh.org*

The Town of Hanover endeavors to make recreation opportunities available to all interested residents, regardless of income. To that end, we provide scholarships to those who might not otherwise be able to participate. Scholarships may be for all or a portion of the program fee, depending on ability to pay. *Proof of residency and income required.*

| | |
|-------------------|---------------------------------|
| Applicant Name: | Telephone #: |
| Physical address: | Mailing address (if different): |
| City, State, Zip: | |

Name of program for which you seek assistance: _____

Cost of program: \$ _____ *How much of this can you afford? \$* _____

Section I: Household Information

List all persons residing in household (including applicant):

| Name | Relationship | Age | Is this family member employed? |
|------|--------------|-----|---------------------------------|
| | | | |
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Are you or any member of your household currently eligible for and/or receiving assistance from any of the following programs (check every program that applies to your household)? *Please include copies of any documentation that may demonstrate your need for financial assistance (copies will be kept confidential and will be destroyed after decision is made).*

| | | |
|---|---|--|
| <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> Aid to the Needy Blind | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Aid to Women, Infants & Children (WIC) | <input type="checkbox"/> Town General Assistance |
| <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Commodity Supplemental Food Program (CSFP) | <input type="checkbox"/> Free or Reduced Lunch |
| <input type="checkbox"/> Old Age Assistance | <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) | <input type="checkbox"/> Healthy Kids |
| | <input type="checkbox"/> Financial Assistance to Needy Families (FANF) | |
| <input type="checkbox"/> Other (please describe): _____ | | |

(Please complete other side of this form.)

Section II: Income & Expense Information

Note: Current recipients of Town General Assistance do not have to complete this section.

Please list information below for all employed family members:

| Name | Employer Name | Employer Phone | Gross Monthly Income |
|--------------------------------------|---------------|----------------|----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Total Household Gross Monthly Income | | | \$ |

Please list major household expenses:

| | |
|--|----------|
| Rent/Mortgage (copy of lease required) | \$ _____ |
| Car Payments | \$ _____ |
| Food | \$ _____ |
| Utilities (heat, water, electricity) | \$ _____ |
| Telephone | \$ _____ |
| Medical Expenses | \$ _____ |
| Other (please describe) | \$ _____ |
| Total Monthly Expenses | |
| | \$ _____ |

Please provide any other information that the Town should consider in reviewing your request for assistance:

Section III: Certification

I hereby certify the information I have provided is true and accurate. I further certify am a resident of the Town of Hanover. I understand that any additional fees (i.e. supply fees, late fees, uniform fees, other fees) are my responsibility regardless of scholarship status.

Applicant Signature

Date

FOR INTERNAL USE ONLY

If approved, amount of assistance granted:

If denied, reason(s) for denial:

Signature/Title

Date