

# City of Biddeford Recreation Department Financial Assistance Application

Please fully complete this application. **Incomplete applications will not be processed.** All information is confidential and will be reviewed by the City of Biddeford, Recreation Department. **Please provide documentation of all income and expenses along with this completed application** directly to the Recreation Department. The office is located in the Community Center (189 Alfred Street, Suite 12, Biddeford Maine).

**\* The City of Biddeford attempts to grant scholarships to as many children as possible. In order to do so, scholarships may be limited to one week per child per season for day camp programs depending on funding.**

## HOUSEHOLD COMPOSITION

Applicant:	Last	First	Middle		Date of Birth	Telephone Number
Spouse/Partner:	Last	First	Middle		Date of Birth	Telephone Number
Current Address:	Street			Town/City		Zip Code
Mailing Address:	Street/PO Box			Town/City		Zip Code
<b>MEMBERS OF THE HOUSEHOLD: (LIST ALL, EVEN IF YOU ARE NOT REQUESTING ASSISTANCE FOR THEM)</b>						
Name		Relationship			Date of Birth	
<b>If a parent(s) is absent from the household please provide the following information:</b>						
Name		Addresses		Telephone Number		Child

## INCOME

Type	Amount	Frequency: Weekly, bi-weekly, or monthly	Name of Recipient
Employment			
TANF			
Social Security			
SSI			
SSDI			
Military/Veteran's Benefit			
Retirement/Pension Plan			
Unemployment Compensation			
Worker's Compensation			
Child Support/Alimony			
Income from relatives			

Financial Aide			
Utility Allowance			
Other (specify):			

**EXPENSES**

Type	Amount	Type	Amount
Food	\$	Internet	\$
Rent	\$	Cable	\$
Mortgage	\$	Child Care	\$
Electricity	\$	Rent A Center	\$
Propane/K-1	\$	Car Payment	\$
Heating Fuel	\$	Car Insurance	\$
Household/Personal Supplies	\$	Loan Payments	\$
Prescriptions/Medical	\$	Credit Card Payments	\$
Water	\$	Credit Card Payments	\$
Sewer	\$	Other (specify):	\$
Telephone	\$	Other (specify):	
Cell Phone	\$	<b>TOTAL MONTHLY EXPENSES</b>	
Landlord's name, address, and telephone number:		Mileage to work (both ways):	
		Number of days worked in a week:	

Is your child eligible for free or reduced lunch at school Yes\_\_\_ No\_\_\_

**PROGRAM INFORMATION**

The number of children I am applying for a recreation scholarship:		The amount I am able to contribute:	
Child's Name	Age	Program Desired	List which week you would like your child to attend

**RIGHTS AND RESPONSIBILITIES**

**STATEMENT OF APPLICANT:** I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. This includes: landlord, employer, Department of Health and Human Services, Social Security, any department of the State and Local Government, and the Park and Recreation Director.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Letters of reference from the school, community agency or clergy are welcome.**