

TOWN OF GLASTONBURY
FINANCIAL ASSISTANCE: RECREATIONAL PROGRAMS
 Glastonbury Social Services
 Riverfront Community Center, 300 Welles Street
 Glastonbury, CT 06033

Head of Household: _____

Address: _____ Phone: _____

Email address: _____ Household Size: _____

LIST ALL HOUSEHOLD MEMBERS

Name	Relationship	Date of Birth

FOR OFFICE USE ONLY

Above household is eligible for a fee waiver of: _____ **25%** _____ **50%** _____ **75%**

Waiver valid from _____ through _____

Information verified by: _____

Signature/Title

Date

I certify that the information provided is true and correct. I give consent to the Town of Glastonbury to contact such individuals as necessary to obtain verification of the information furnished on this application. I understand that I will be financially responsible for meeting any and all cost incurred by the Town of Glastonbury if it is subsequently determined that I do not meet the eligibility guidelines.

Signature of Applicant

Date

FOR OFFICE USE ONLY: Total Annual Income _____

HOUSEHOLD INCOME

(Please provide proof of your household's **gross income for the previous 4 weeks**. Examples of income to be included are employment earnings; child support; alimony; Social Security; SSI)

Name	Source of Income	Gross Monthly Amount