

**TOWN OF GLASTONBURY  
FINANCIAL ASSISTANCE: RECREATIONAL PROGRAMS**

Glastonbury Social Services  
Riverfront Community Center, 300 Welles Street  
Glastonbury, CT 06033

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Total Number of People in Household: \_\_\_\_\_

Email address: \_\_\_\_\_

**Household Income**

(Please attach 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**PLEASE PRINT**

**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