TILTON-NORTHFIELD RECREATION COUNCIL APPLICATION FOR ASSISTANCE

Parent/ Guardian Info	rmation:	
Name	Address	
Home Phone	Cell Phone	Work Phone
List Below All People	Living in this Household	d and their Ages
1	2	
3	4	
5	6	
7	8	
Participant Name(s)		
Program Name and D	uration	
Amount to be Paid by	Applicant	
Dollar Amount of Assi	stance Requested	
Reason for Request		
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MONTHLY INCOME AND EXPENDITURES

List below all income received in this household during the past 30 days. Total Amount Received_____ From What Sources (include amounts)? Weekly Net Pay_____State Welfare_____ Social Security Unemployment Workman's Comp._____Child Support_____ Private Pension Any Other List Below how this income was spent and provide additional information on these expenditures, including other programs or activities your child may be involved with. Type of Expenditure **Amount Spent** Date Paid

Employment History

List below the work history for every adult household member.

Head of Household:		
Current employer	Phone #	
	Length of Employment	
	Weekly Take-home pay	
Previous Employer		
	Length of Employment	
Spouse:		
	Phone #	
Position	Length of Employment	
Hourly Rate	Weekly Take-home pay	
Previous Employer	Phone #	
Position	Length of Employment	
Reason for leaving		
Other Household Member:		
Current employer	Phone #	
Position	Length of Employment	
Hourly Rate	Weekly Take-home pay	
Previous Employer	Phone #	
Position	Length of Employment	
Reason for leaving		
Head of Household:		
Current employer	Phone #	
Position	Length of Employment	
Hourly Rate	Weekly Take-home pay	
Previous Employer	Phone #	
Position	Length of Employment	
Reason for leaving		
	he past 12 months, addresses, and landlord name.	

INDEBTEDNESS

Please list below all accumulated debts you are responsible for paying, the total amount due, and amount of your monthly payments, if any.

Debt	Total Amount Due	Monthly Payment Amount
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Do you have an overdue balance	e at the Pines Community Cen	ter?
Total Amount	Date of last payment	25
For which program/s?		

VOLUNTEER HOURS AND REIMBURSEMENT

I,, ack	, acknowledge that if assistance is granted I will be		
required to volunteer my time at the	Pines Community Center (operated by		
the Tilton-Northfield Recreation Cou	ncil), and that the hours will be determined by		
the Executive Director of the Pines C	ommunity Center. I,,		
also understand that I may be requir	ed to pay back some or all of the entire		
program fee at a later date, once I ha	ave returned to an income status that would		
allow me to do so without hardship.			
Signature	Date		
Office Use Only			
Approved			
Dollar Amount	_		
Number of Hours			
Reimbursement			
Executive Director	Date		