

TILTON-NORTHFIELD RECREATION COUNCIL

APPLICATION FOR ASSISTANCE

Parent/ Guardian Information:

Name _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

List Below All People Living in this Household and their Ages

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Participant Name(s) _____

Program Name and Duration _____

Amount to be Paid by Applicant _____

Dollar Amount of Assistance Requested _____

Reason for Request _____

Employment History

List below the work history for every adult household member.

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 _____

Spouse:

Current employer _____ 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 _____

List below places lived during the 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an overdue balance at the Pines Community Center? _____

Total Amount _____ Date of last payment _____

For which program/s? _____

VOLUNTEER HOURS AND REIMBURSEMENT

I, _____, 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 Council), and that the hours will be determined by the Executive Director of the Pines Community Center. I, _____, also understand that I may be required to pay back some or all of the entire program fee at a later date, once I have 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 _____