



**Town of Belmont**  
**Office of Parks & Recreation**  
 PO Box 310, 143 Main Street, Belmont, NH 03220  
 Phone & Fax (603) 267-1865  
 www.belmontnh.org

**Request for Financial Assistance**  
**For the Belmont Parks & Recreation Department Programs**

Our financial assistance is limited to Belmont residents. Not all programs are eligible; however, we try to provide a discounted rate when possible. Late fees are not covered by financial assistance. Assistance is limited for programs and not all requests will be funded.

**PLEASE PRINT:**

Applicants Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

**Household Information:**

How many in household? \_\_\_\_\_

How many 18 and under? \_\_\_\_\_

List all persons living with you:

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently employed? Yes [ ] No [ ]

Members of the household who are employed # \_\_\_\_\_ full time # \_\_\_\_\_ part time

Program you are seeking assistance with: \_\_\_\_\_ and for whom \_\_\_\_\_

Assistance funds being requested: \$ \_\_\_\_\_ total for this program.

Amount you can pay for this program in total: \$ \_\_\_\_\_

Is there any other information that would be helpful to determine your eligibility? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Eligibility:**

Are you or any member of your household currently eligible for and/or receiving help from any of the following program? **If so, please check every program which applies to your household and provide backup documentation as proof of current enrollment/receipt.**

- Fuel Assistance
- Food Stamps
- Free and reduced school lunches
- Women, Infants and Children (WIC)
- Medicaid (State Welfare)
- Commodity Supplemental Food Program (CSFP)
- Aid to the Needy Blind
- Temporary Assistance to Needy Families (TANF)
- Old Age Assistance
- Aid to Permanently and Totally Disabled (APTD)
- County, City or Town Welfare
- Subsidized Housing (Rental Subsidy)

I understand that this information provided will be used only for determination of financial need for a Belmont Parks and Recreation Program. This information is confidential and will not be disclosed beyond the Welfare Department. I hereby certify that the above information is true and accurate. I understand that it is sought in connection with determining my eligibility for financial assistance for me or my family members for Belmont Parks and Recreation Department Programs.

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

\_\_\_\_\_  
Date

**Applications for Summer Camp must be received on or before Tuesday, April 30, 2019.**

**All other programs must be received at least 2 weeks prior to the start.**