



## Farmington Parks & Recreation

531 Main Street, Town Hall

Farmington, NH 03835

(603) 755-2405

*dgagnon@metrocast.net*

Director: Donald Gagnon  
Asst. Director: Brian Deveau

Program Coordinator: Carla Smith  
P-T Senior Programs: Kellie Chase

### Application for Parks and Recreation Financial Assistance

1. Applicant \_\_\_\_\_
2. Telephone \_\_\_\_\_ Email \_\_\_\_\_
3. Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Please list **all members** of your household including yourself:

Name	Relationship to applicant	DOB
A. _____		
B. _____		
C. _____		
D. _____		
E. _____		

5. **Employment**

Please list the names of all employed individuals who reside at the above residence. \_\_\_\_\_

**Individual #1:** Full Time \_\_\_ Part Time \_\_\_ How many hours? \_\_\_  
Hourly rate? \_\_\_\_\_ Salary? \_\_\_\_\_

**Individual #2:** Full Time \_\_\_ Part Time \_\_\_ How many hours? \_\_\_  
Hourly rate? \_\_\_\_\_ Salary? \_\_\_\_\_

**Individual #3:** Full Time\_\_\_\_ Part Time\_\_\_\_ How many hours?\_\_\_\_  
Hourly rate?\_\_\_\_\_ Salary?\_\_\_\_\_  
Is any adult in your household a fulltime student? Yes\_\_\_\_ No\_\_\_\_

Please list the name of the person attending school\_\_\_\_\_

Days or evenings? \_\_\_\_\_How many times per week?\_\_\_\_

How is school being funded? \_\_\_\_\_

What is the total annual income collectively for all members in the household? \_\_\_\_\_

Do you own your home or pay rent? \_\_\_\_\_

How much do you pay monthly? \_\_\_\_\_

If a scholarship is granted and it is for a program that is longer than nine (9) weeks, a review will be made of the Recipient's application. The recipient is responsible to notify the Parks and Recreation Department if any information on this application changes.

**Sources of Income**

6. Please mark below with a dollar amount in the space provided if you receive any of the following assistance:

Taniff \_\_\_\_\_ Food Stamps\_\_\_\_\_ Medicaid\_\_\_\_\_

WIC \_\_\_\_\_ SSI\_\_\_\_\_ SSDI\_\_\_\_\_ Sec. 8 Housing\_\_\_\_\_

State of NH Family Assistantance\_\_\_\_\_

**Gross** monthly salaries before taxes \$\_\_\_\_\_

Monthly Child Support Received \$\_\_\_\_\_

Other (room mate etc.) \$\_\_\_\_\_

**Total Monthly Income**

\$ \_\_\_\_\_

7. What program are you requesting assistance with? \_\_\_\_\_
8. What amount are you requesting? \_\_\_\_\_
9. What amount are you willing to contribute? \_\_\_\_\_
10. Does your child receive free lunch at school? \_\_\_\_\_
11. Does your child receive reduced lunch at school? \_\_\_\_\_

**If you do not put an amount that you will contribute please explain why below, attach a paper if necessary.**

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Applicant's Signature

Date

Please read below and complete the Authorization Form that entitles this Department to obtain and verify info pertaining to this application. **Please make certain that all questions are answered, if it does not apply to you, please put N/A in the blank.**

Please include proof of all household income with this application. Attach four (4) weeks of recent pay stubs and a copy of your most current W-2.

**Your application will be deemed incomplete if the documentation above is not provided and attached to the application when submitted.**

**Your application and documentation will be kept confidential.**

***Please provide as much information regarding your situation as possible so that a complete portrayal of your circumstance is clearly***

*understood. It is recognized that this process is difficult, personal and sensitive however, the information is essential for a decision to be determined.*

*This Department pledges to provide you with the utmost respect, dignity and sensitivity while doing our best to assist you through this process. Thank you!*

**AUTHORIZATION TO DISCUSS AND OBTAIN INFORMATION  
PERTAINING TO THIS APPLICATION FOR FINANCIAL  
ASSISTANCE.**

I, \_\_\_\_\_ with my residence  
at \_\_\_\_\_ hereby  
authorize Farmington Parks and Recreation Department to discuss  
and obtain information pertaining to me and my family from any  
agencies, departments and the general assistance office that  
provide assistance to myself and/or my family members if needed  
to process my application. I understand that this information will  
be kept confidential and only used when necessary to assist my  
family or me.

*If you do receive financial assistance we ask that you show your appreciation by writing a letter to Town of Farmington or any other departments funding sources thanking them for their generosity in donating money to the Farmington Parks and Recreation Department to be used for financial assistance. Explain how it has helped your family. You may stay anonymous if you wish.*

**C/O Director Parks and Recreation  
Farmington Parks and Recreation Department  
531 Main Street  
Farmington, NH 03835**

**Your signature below is verification that all information in  
this application is complete and factual.**

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**Signature**

**Date**

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