



Town of  
**EAST HAMPTON**  
Connecticut

**Financial Assistance  
Eligibility Application Form**

The East Hampton Parks and Recreation Department offers a variety of programs for all ages throughout the year. These programs are open primarily to East Hampton residents and their children. As many of these programs are set up on a self-sustaining basis, arrangements have been made to allow persons who otherwise could not afford to participate, an opportunity to register at a discounted rate. An East Hampton resident whose income is below 200% of the Federal Income Poverty Guidelines as published by the Department of Health and Human Services and verified by the Town of East Hampton Department of Youth and Family Services will be eligible to receive up to a 75% discount on the fees for a maximum of \$300.00 per child/per year. Residents who earn above that income level may qualify for either 25% (\$200.00 per child/per year) or 50% discount (\$250 per child/per year).

**Eligibility**

A. Return completed form with documentation (e.g. pay stubs) of your most recent four weeks income to: **Town of East Hampton Youth and Family Services Department, 240 Middletown Road East Hampton, CT 06424**

B. Income means income before deductions for Income Taxes, employees' Social Security Taxes, insurance premiums, bonds, etc. It includes the following:

1. Monetary compensation for services, including wages, salary, commissions, or fees.
2. Net income from non-farm self-employment.
3. Net income from farm self-employment.
4. Social Security.
5. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income.
6. Public assistance or welfare payments.
7. Unemployment compensation.
8. Government civilian employee, or military retirement, or pensions, or veterans' payments.
9. Private pensions or annuities.
10. Alimony or child support payments.
11. Regular contributions from persons not living in the household.
12. Net royalties.
13. Other cash income.

C. The information you give on the application is confidential and will be used only for the purpose of determining your eligibility for financial assistance registration.

D. The APPLICATION FORM will be kept on file through the remainder of the calendar year. It is not necessary to fill out a separate application form for each program you would like to register for, however, **SEPARATE PROGRAM REGISTRATION FORMS ARE NECESSARY.**

The Financial Assistance program may be used for instructional program registration fees that are run exclusively by East Hampton Parks and Recreation staff only.

The Financial Assistance program may **not** be used for any programs that are run independently of East Hampton Parks and Recreation Staff or for any department sponsored trips and special events.

F. Program registration is contingent upon class space being available at the time of verification.

G. Interested persons **must** submit the Financial Assistance Request form a **minimum of two weeks** prior to registering for the program.

H. Upon final approval by the Recreation Director or his/her designee, the applicant must confirm the registration of the program by entering the registration information into the department registration portal by way of the normal registration process. The registration for many of the programs is limited and eligibility for financial assistance does not guarantee space in the program.

I. All questions concerning income eligibility should be directed to the Youth and Family Services department at 860.267.7300 ext. 1. Questions regarding program registration should be directed to the East Hampton Parks and Recreation Department at 860.267.7300. ext. 2

<b>Family Size</b>	<b>75% Discount Income Level</b>	<b>50% Discount Income Level</b>	<b>25% Discount Income Level</b>
<b>1</b>	\$24,280.00	\$28,529.00	\$30,350.00
<b>2</b>	\$32,920.00	\$38,681.00	\$41,150.00
<b>3</b>	\$41,560.00	\$48,833.00	\$51,950.00
<b>4</b>	\$50,200.00	\$58,985.00	\$62,750.00
<b>5</b>	\$58,840.00	\$69,137.00	\$73,550.00
<b>6</b>	\$67,480.00	\$79,289.00	\$84,350.00
<b>7</b>	\$76,120.00	\$89,441.00	\$95,150.00
<b>8</b>	\$84,760.00	\$99,593.00	\$105,950.00

# East Hampton Parks & Recreation Financial Assistance Application

*Please fill out this form and CALL Youth and Family Services, 860-267-7300 to set up appointment to verify information*

**APPLICANT INFORMATION: (Adult)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ East Hampton Resident \_\_\_\_\_ Must provide proof of address (utility bill, rental agreement/mortgage statement, or bank statement)  
 Yes  No  
 Marital Status  Single  Divorced (check one)  Married  Separated Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

**Dependents:**

Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____
Name _____	DOB _____	Relationship _____

**EMPLOYMENT INFORMATION:**

<b><u>Applicant</u></b>	<u>Employer Name</u>	<b><u>Spouse</u></b>	<u>Employer Name</u>
<input type="checkbox"/> Employed	_____	<input type="checkbox"/> Employed	_____
<input type="checkbox"/> Homemaker	<u>Employer Phone</u>	<input type="checkbox"/> Homemaker	<u>Employer Phone</u>
<input type="checkbox"/> Retired	_____	<input type="checkbox"/> Retired	_____
<input type="checkbox"/> Unemployed	_____	<input type="checkbox"/> Unemployed	_____
<input type="checkbox"/> Disabled	_____	<input type="checkbox"/> Disabled	_____

**FAMILY INCOME:**

<u>Source of Income</u>	<u>Monthly Gross Amount</u>		<u>Must Provide the Following Documentation</u>
	Self	Spouse	
Employment	\$ _____	\$ _____	Months' worth of paystubs Benefit Letter Benefit Letter Benefit Letter State Unemployment Documentation
Retirement/Pension Benefits	\$ _____	\$ _____	
Social Security Benefits	\$ _____	\$ _____	
Disability Benefits	\$ _____	\$ _____	
Unemployment Benefits	\$ _____	\$ _____	
Veterans Benefits	\$ _____	\$ _____	Benefit Letter Court Order or other supporting documentation
Alimony	\$ _____	\$ _____	
Child Support	\$ _____	\$ _____	Court Order or other supporting documentation
Self-Employment	\$ _____	\$ _____	Tax Income Return Approval Letter Supporting Documentation
Public Assistance	\$ _____	\$ _____	
Other	\$ _____	\$ _____	

**Must provide copies of supporting documents listed above that may aid this Division in verifying eligibility**

Financial Assistance is available for individuals and families on a needs-based sliding scale, based on qualifications and available resources. Applicant must be an East Hampton Resident and must provide all supporting documentation to be eligible. All information is kept confidential and treated with the utmost sensitivity. Once you have followed through with an appointment, you will receive notification on your eligibility via email or mail (if no email is provided). Applications are reviewed in the order they are received. This process takes approximately 2 weeks.

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Applicant Signature

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Date

*The information I have provided on this form is complete and accurate and I agree to provide additional documentation upon request to verify need of financial assistance. I understand that East Hampton Parks & Recreation provides financial assistance to the extent that resources are available and that East Hampton Parks & Recreation reserves the right to refuse assistance to any applicant.*

*\*If the financial information given is falsified, there will be no financial aid given to recipient.*