



## Application for Financial Assistance for Parks & Recreation Department Programs

*Application must be submitted to General Assistance Office,  
c/o Human Resources Department, 41 South Main Street, PO Box 483,  
Hanover, NH 03755 or [humanresources@hanovernh.org](mailto:humanresources@hanovernh.org)*

The Town of Hanover endeavors to make recreation opportunities available to all interested residents, regardless of income. To that end, we provide scholarships to those who might not otherwise be able to participate. Scholarships may be for all or a portion of the program fee, depending on ability to pay. *Proof of residency and income required.*

Applicant Name:	Telephone #:
Physical address:	Mailing address (if different):
City, State, Zip:	

*Name of program for which you seek assistance:* \_\_\_\_\_

*Cost of program: \$* \_\_\_\_\_ *How much of this can you afford? \$* \_\_\_\_\_

### **Section I: Household Information**

List all persons residing in household (including applicant):

Name	Relationship	Age	Is this family member employed?

Are you or any member of your household currently eligible for and/or receiving assistance from any of the following programs (check every program that applies to your household)? *Please include copies of any documentation that may demonstrate your need for financial assistance (copies will be kept confidential and will be destroyed after decision is made).*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fuel Assistance          | <input type="checkbox"/> Aid to the Needy Blind                         | <input type="checkbox"/> Food Stamps             |
| <input type="checkbox"/> Medicaid                 | <input type="checkbox"/> Aid to Women, Infants & Children (WIC)         | <input type="checkbox"/> Town General Assistance |
| <input type="checkbox"/> Subsidized Housing       | <input type="checkbox"/> Commodity Supplemental Food Program (CSFP)     | <input type="checkbox"/> Free or Reduced Lunch   |
| <input type="checkbox"/> Old Age Assistance       | <input type="checkbox"/> Aid to Permanently and Totally Disabled (APTD) | <input type="checkbox"/> Healthy Kids            |
|   | <input type="checkbox"/> Financial Assistance to Needy Families (FANF)  |  |
| <input type="checkbox"/> Other (please describe): |   |  |

*(Please complete other side of this form.)*

## Section II: Income & Expense Information

*Note: Current recipients of Town General Assistance do not have to complete this section.*

Please list information below for all employed family members:

Name	Employer Name	Employer Phone	Gross Monthly Income
			\$
			\$
			\$
			\$
Total Household Gross Monthly Income			\$

Please list major household expenses:

Rent/Mortgage (copy of lease required)	\$ _____
Car Payments	\$ _____
Food	\$ _____
Utilities (heat, water, electricity)	\$ _____
Telephone	\$ _____
Medical Expenses	\$ _____
Other (please describe)	\$ _____
Total Monthly Expenses	\$ _____

Please provide any other information that the Town should consider in reviewing your request for assistance:

## Section III: Certification

*I hereby certify the information I have provided is true and accurate. I further certify am a resident of the Town of Hanover. I understand that any additional fees (i.e. supply fees, late fees, uniform fees, other fees) are my responsibility regardless of scholarship status.*

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

\_\_\_\_\_  
Date

### **FOR INTERNAL USE ONLY**

If approved, amount of assistance granted:

If denied, reason(s) for denial:

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date