Gaithersburg
A CHARACTER COUNTS! CITY

Salmon Paper

Write or stamp organization, contact person, and phone. number

Parks, Recreation and Culture
Application for Financial Assistance
For Gaithersburg City Residents

The City of Gaithersburg reserves the right to require further evidence of residence or financial status. Determination of financial need is at the sole discretion of the City of Gaithersburg. Incomplete applications will not be processed. Customers are required to furnish their own copies. Document copies must show customer's name & current address. All material included with application becomes the property of the Department of Parks, Recreation & Culture and cannot be returned.

Do Not Write In This Box – For Official Use Only

Approved for_____% F/A By:_____Date:_____ P R & C #

Financial Aid grant will expire at the end of the calendar year on 12/31/2016

STEP 1 **Head of Household Information** **(PLEASE PRINT)**

HEAD OF HOUSEHOLD NAME: _____

MARITAL STATUS – PLEASE CIRCLE ONE: **Single** **Separated** **Divorced** **Married** **Widowed**

HOME STREET ADDRESS:_____

CITY, STATE: *Gaithersburg, MD* ZIP CODE**:** _____

HOME PHONE ( )_____ WORK PHONE ( )_____

SOCIAL SECURITY NUMBER: _____-_____-_____

EMPLOYER NAME:_____

EMPLOYER'S ADDRESS:_____

STEP 2 **Spouse/Domestic Partner Information**

SPOUSE/PARTNER NAME:_____

ADDRESS:_____

HOME PHONE ( )_____ WORK PHONE ( ) _____

SOCIAL SECURITY NUMBER: _____-_____-_____

EMPLOYER:_____

EMPLOYER'S ADDRESS: _____

Continued on reverse…

STEP 3

*** List all income sources which may include but are not limited to: Wages, self-employment, alimony, child support, unemployment, disability, retirement, rental income, childcare income, government support payments, support from family members or support from non-family members.**

Income Source:_____ $_____ Annually

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1. Total annual income from all sources
Attach copy of recent Federal 1040 tax return filed with IRS $_____ 1. Annual Income

STEP 4

List Monthly Expenses

2. Monthly rent or mortgage payment $ _____ 2.
Attach copy of lease or mortgage statement

3. Monthly electric/gas/water; total of all utilities $ _____ 3.
Attach copy of recent utility bill

4. Monthly telephone; including landline & cellular $ _____ 4.
Attach copy of recent telephone bill

5. Monthly estimated food cost $ _____ 5.

6. Other monthly expense, automobile, insurance, childcare, etc. $ _____ 6.

7. + Add lines 2-6 and multiply by 12
Enter total annual expenses on line 7. $ _____ 7.
(If line 7 is larger than line 1, attach explanation)

STEP 5

List Your Dependant Children Who Live With You

CHILD'S NAME	D.O.B.	Male or female	LAST SCHOOL ATTENDED

STEP 6

Sign Your Application

I affirm that all information provided with this application is true and correct to the best of my knowledge.
I understand that this grant will expire on 12/31/2016

Applicant Signature: _____ Date:_____/_____/2016