



Gaithersburg

A CHARACTER COUNTS! CITY

Case Worker: Please write or stamp organization, contact person, and phone number here

**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 12/31/2019

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 () _____

EMPLOYER NAME: _____

EMPLOYER'S ADDRESS: _____

STEP 2

Spouse/Domestic Partner Information

SPOUSE/PARTNER NAME: _____

ADDRESS: _____

HOME PHONE () _____ WORK PHONE () _____

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
 Income Source: _____ \$ _____ Annually
 Income Source: _____ \$ _____ Annually

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 \$ _____ 7.
 Enter total annual expenses on line 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 12/31/2019

Applicant Signature: _____ Date: _____/_____/_____

Application for Financial Assistance Instructions

Financial assistance awards are provided for recreation programs to City residents. Award is based on residency, family prior year income and family size. A family unit can consist of any number of members living in the same household. All family members must reside in the same household and the address must be within the Gaithersburg City limits. Applicants must provide their own document copies. Do not submit original documents with your application as they cannot be returned.

STEP 1

Head of Household-Enter name of person completing the application or main wage earner of the household

Marital Status- Circle the marital status of the person listed as Head of Household

Home Street Address-including Unit or Apartment number if applicable and zip code
Employer Name & Address-If not applicable please write unemployed or N/A, otherwise enter information of current employer for the Head of Household

STEP 2

Spouse/Domestic Partner – Enter person’s name who is contributing to the household income. Include phone numbers and employer information

STEP 3

All sources of household income must be included. Examples of household income are: wages, self-employment, alimony, child support, unemployment, disability, social security, retirement, rental income, childcare income, government support payments, support from family and non-family members, pensions, etc.

Line 1. A copy of the applicant and co-applicant’s Federal 1040 tax return from the previous calendar year must be provided in order to establish household income. If other family members file separately, then a copy of their Federal 1040 tax return must also be included. The City of Gaithersburg reserves the right to require further documentation to establish household income. (do not include copies of your Maryland State return)

STEP 4

List Monthly Expenses:

Line 2. Monthly Rent must match amount shown on the lease. Attach a copy of the lease page which shows property address, names of occupants and monthly rent. If your monthly rent payment does not match the lease, please include explanation; such a copy of your HOC letter stating that the rent amount is paid by a third party. If rent is being shared by other occupants, provide a statement of who is paying a portion of the rent and how much

OR

Mortgage Payment – Attach a copy of the most recent statement from your mortgage company showing your monthly payment amount. Documentation must include your name, address and monthly mortgage payment amount.

Line 3. Monthly Utilities-List the total of all monthly utilities and include a copy of (1) recent electric, water or gas bill which includes your name and the property address. If your lease includes all utilities, provide a copy of the lease page that states what utilities are included.

Line 4. Monthly Telephone-List total paid monthly for all telephones (landline and mobile) include a copy of a recent bill showing your name & address. If no phone bill is available, please provide a copy of your recent cable bill showing your name & address

Line 5. Monthly Food Cost-Enter how much you spend monthly for food for all household members. If you are receiving benefits from a Food Supplement Program, please include a copy of the award letter with your application

Line 6. Other Monthly Expenses-Estimate how much you spend monthly on all other living expenses. No documentation is required for this estimate

Line 7. May be left blank if you would like for us to calculate the totals for you

STEP 5

List your dependent children who live with you. Children who live with another parent outside of your home or do not live in your household are not eligible. If you have a written agreement that the child lives with you during part of the year, a copy of this agreement must be included with your application. Also if the dependents listed in Step 5 are not listed on your tax return, additional proof (such as a current year school record with the child's name & address) will be required.

The City of Gaithersburg reserves the right to require written documentation to establish residency of each family member included on your application. In certain cases, proof of parentage or legal guardianship may be required for dependent children.

STEP 6

Make sure to sign and date your application.

Applications can be hand delivered or mailed to :

**Bohrer Park Activity Center
506 South Frederick Avenue
Gaithersburg, MD 20877**

Please note that incomplete applications will not be processed. Complete applications that include all required documentation will usually be approved or denied within 5-7 business days. An approval or non-approval letter, showing the award amount will be mailed to the home address of the applicant or emailed to the caseworker (if applicable) listed on the front of the application.

Awards are stated as a percentage which is the discount off the prices listed for each program. Some registration fees are not covered by financial assistance and must be paid at time of registration. A list of eligible programs can be requested at the Bohrer Park Activity Center.