

HOUSEHOLD INCOME:

Please indicate total yearly household income to include monthly earnings from employment, unemployment, ASPIRE, TANF, child support, alimony, Social Security, pensions, retirements, and all other income.

- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-59,999
- \$60,000 & above

What benefits do you feel you and/or your family will gain from our programs and services? (Continue on an additional sheet of paper if necessary)

Are there any extenuating circumstances you would like us to consider?

I am requesting financial assistance from MRC due to my personal circumstances and certify that all information submitted is correct, complete, and accurate. I understand that all information submitted will be kept confidential.

APPLICANT OR GUARDIAN SIGNATURE (if under 18)

Signature: _____ Date: _____

PLEASE RETURN THIS FORM AND A COPY OF PAGE 1 OF YOUR INCOME TAXES TO:

**FINANCIAL ASSISTANCE COMMITTEE
MIDCOAST RECREATION CENTER
535 WEST ST
ROCKPORT, ME 04856**

FOR OFFICE USE ONLY

DATE RECEIVED:	APPROVED/DENIED:	% DISCOUNT:	DETERMINATION SENT: