TOWN OF HILLSBOROUGH PARKS AND RECREATION DEPARTMENT

Application for Summer Camp Assistance

Date of Application			
1. GENERAL INFORAMTION			
Applicant Name(s)	1	Date of Birth	
Current Address			
Mailing Address (if different)			
Home Phone	Cell Phone		
Do you own or rent (circle one)			
If at current address less than 12 months, list 1			
Currently Employed? Full-time; Part-time; U			
Total Household Wage Income			
Number of Adults 18+ in household	Number of Ch	ildren under 18	
Household Cash on Hand (include bank accou	unts, investments, CDs	.)	
Household Income/Benefits	Amount	Date Last Recd.	
ANB (Aid to the Needy Blind)			
APTD (Aid to Perm/Totally Disabled) Child Support			
Disability (Work Related)			
Gifts/Loans			
Income Tax Refund (if pending leave date			
blank)			
Maternity Pay/Benefits			
OAA (Old Age Assistance)			

Household Income/Benefits cont.	Amount	Date Last Recd.
Retirement Benefits		
Severance Pay		
Social Security - Retirement		
SSDI (SS Disability)		
SSI (Supplemental Security)		
TANF		
Unemployment		
Veteran's Pension		
Worker's Compensation		
Childcare Assistance		
Food Stamps		
Fuel Assistance		
Medicaid		
WIC (Women/Infants Children)		
Other:		
Other:		
	•	
		1
Monthly Household Expenses	Amount	Date Last Paid
Rent/Mortgage		
Childcare		
Heating Fuel		
Electricity		
Food		
Property Taxes (if not incl, w/mortgage)		
Other:		
Other:		
Other:		
Other.		
Reason for requesting waiver		
teason for requesting warver		
Signature of Applicant:		
Signature of Applicant:		