

***DEPARTMENT OF PARKS AND RECREATION***

***Village of Hastings-on-Hudson***  
***Phone 914-478-2380***  
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James Harmon Community Center  
44 Main Street  
Hastings-on-Hudson  
New York, 10706

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**Financial Aid Policy and Application**

It is the intention of The Village of Hastings on Hudson to assist its residents in participating in recreation programs by offering financial aid to those who truly need it. To do so, we need your cooperation by reading the policy outlined below and completing the application in full. Please do not hesitate to contact us if you need assistance. All information will be kept confidential. Thank you.

**Eligibility:**

1. Must be a permanent resident of The Village of Hastings on Hudson
2. All Required information is attached
3. Submission of a completed application

**Required Documentation:**

1. Photo ID
2. Two proofs of residency (must be dated within the last three months). Acceptable proof; utility bill, lease agreement or mortgage payment.
3. Any of the following that pertain to your household:
  - The most recent year's IRS1040 or W2's for each member of the household and most recent tax returns for all members of the household.
  - If you or any member of the household is receiving the following: Social Security, SSI/SDC, Unemployment and or Workers' compensation, please provide one or all the following.
    1. If Social Security: provide a statement of direct deposit or current annual letter indicating amount.
    2. If SSI/SDC: provide a copy of your current award letter
    3. If Unemployment: provide latest check stub
    4. If Worker's Compensation: provide a copy of approval of benefits showing amount

Please allow 5-7 business days for processing.

Department of Parks and Recreation  
Financial Aid Application  
(Please complete all sections)

Adult Applying: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Participant's Name

Program Applying for


What is your current employment Status? (all Adults in household) Please check all that apply:

\_\_\_\_\_ Working Full-time      \_\_\_\_\_ Working Part-time      \_\_\_\_\_ Unemployed  
\_\_\_\_\_ Retired      \_\_\_\_\_ Disability      \_\_\_\_\_ Other (explain below)

Provide the following information for all people living in your household:

First & Last Name	Date of Birth	Relationship	Gross income (if applicable)

Please check all the following that apply to your household:

\_\_\_\_\_ Section 8 Housing      \_\_\_\_\_ Unemployment Insurance      \_\_\_\_\_ Food Stamps  
\_\_\_\_\_ Public Assistance      \_\_\_\_\_ SSI/SSD      \_\_\_\_\_ Child Support  
\_\_\_\_\_ Alimony      \_\_\_\_\_ Medicaid

Please provide a statement explaining the need for assistance. (ex: family status, medical problems, unemployment, etc.) Please Explain: \_\_\_\_\_

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I certify the above information is true and correct, and my financial need is genuine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please allow 5-7 business days for processing

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**OFFICE USE ONLY**

\_\_\_\_\_ Employee      \_\_\_\_\_ Date

\_\_\_\_\_ Proof of Residency      \_\_\_\_\_ Financial Documentation

Assigned Number: \_\_\_\_\_