



DEPARTMENT OF PARKS AND RECREATION

Village of Hastings-on-Hudson
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New York, 10706

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. In order 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 1099's 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 of 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: _____

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

OFFICE USE ONLY

_____ Employee _____ Date

_____ Proof of Residency _____ Financial Documentation