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 IRS 1040 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: ________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

Assigned Number: ____________