



TOWN OF WARREN PARKS & RECREATION DEPARTMENT

790 Main Street
Warren RI 02885 Phone 401-824-4623

FINANCIAL ASSISTANCE APPLICATION

HOUSEHOLD INFORMATION

NAME/HEAD OF HOUSEHOLD _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

HOUSEHOLD MEMBERS AT THIS RESIDENCE (INCLUDING SELF)

Name with middle initial (Last, if different)	Relationship (spouse, child, etc.)	Date of Birth MM/DD/YY	Check if claimed on Form 1040 as a dependent

**Applicants may be asked to provide proof of residence.

INCOME INFORMATION



TOWN OF WARREN PARKS & RECREATION DEPARTMENT

790 Main Street
Warren RI 02885 Phone 401-824-4623

Please provide income verification for all adult members of household. If married and filing separately, you must also provide spouse's information.

ANNUAL GROSS INCOME: \$ _____
(must match verification documents)

REQUIRED VERIFICATION DOCUMENT (please circle the one you are providing)

1040 Tax Form – Line 22 1040 EZ Tax Form – Line 4 1040A Tax Form – Line 15 Schedule C – Line 7
(if self-employed)

THE FOLLOWING FORMS OF VERIFICATION WILL BE ACCEPTED WHEN 1040 FORM IS NOT AVAILABLE

(Please circle and provide documentation for all benefits received)

W-2 4 Consecutive paystubs Social Security SSI Disability Letter
Unemployment Letter Retirement Letter Child Support Worker's compensation
SNAP Rhode Island works (RIW) State and/or Federal Benefits Other

Amount you feel you are able to pay per CHILD \$ _____ (may not be the amount awarded)

Please share any other circumstances that may help us understand your situation.

I am requesting assistance and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the Financial Assistance Program, I may be expected to prove proof of income. If I submit false or inaccurate information I may be terminated from the financial assistance program.

Applicants Signature _____ DATE _____

Parks & Recreation Director _____ DATE _____