



# Seymour Community Services

20 Pine Street  
 Seymour, CT 06483  
 Telephone 203-888-0406 Fax 203-881-5026

[seymourcommunityservices.com](http://seymourcommunityservices.com) • [facebook.com/seymour.ct](https://facebook.com/seymour.ct)

## 2016 Financial Assistance Request Form

Seymour Community Services offers financial assistance for programs to qualified members. We are community based and believe that our programs should be available to all residents of Seymour and that no one should be turned away because of their inability to pay.

Financial Assistance is available on a sliding scale that is based on family size and household income.

It is easy to apply:

1. Complete this application, including name and contact details, household members, and itemized income information.
2. A copy of your most recent IRS tax statement (tax return) and the last three pay stubs of all working adults must be included to process the application. Your SSI Allocation statement, DSS budget worksheet and any unemployment documents (if applicable) must also be included. Include any other documentation that supports your current income. (This information will be held confidential).

Program Name: _____		Today's Date: _____	
Are you requesting <input type="checkbox"/> Payment Plan (SKIP TO PAGE 3) <input type="checkbox"/> Financial Aid (check all that apply)			
Have you previously applied for Financial Assistance or a payment plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, were you approved for Financial Assistance or a payment plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Total amount you feel you can pay per week for program fees. \$ _____			
Your Name: _____		Your Date of Birth: _____	
Address: _____			
City, State, Zip: _____			
Home Phone: _____		Work Phone: _____	
		Cell Phone: _____	
Place of Current Employment: _____		Length of Current Employment _____	

LIST ALL HOUSEHOLD MEMBERS			
Last Name	First Name	Date of Birth	Attending Program
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>

### Financial Aid Application Only

<b>HOUSEHOLD INCOME</b>	<b>Monthly</b>
Wages, Salaries, & Tips (all sources)	\$
Unemployment Compensation	\$
Social Security Compensation	\$
Disability Compensation	\$
Child Support	\$
Alimony	\$
Aid to Dependent Children	\$
Food Stamps	\$
Housing Assistance	\$
Utility Assistance	\$
401k/Retirement	\$
Other Income	\$
<b>Total Monthly Income from all sources listed</b>	<b>\$</b>

If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

Please attach:

- Copy of the most recent IRS Tax Statement (Tax Return)
- Last Three pay stubs of all working adults must be included for this application to be processed.
- Your SSI Allocation Statement
- Your DSS budget worksheet must be included
- Any unemployment documents (if applicable) must be included
- You may choose to include:
- W-2's and/or any other documentation that supports your current income. (this information will be held confidential)

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a community services staff member will contact me. I acknowledge that an incomplete application will not be processed.

Applicant's Name: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only</b>	
Program _____	Dates of Program _____
Date Received _____	Financial Assistance Awarded (%) _____
Approval Signature _____	Date Approved _____

## Payment Plan Application

A Payment plan can be arranged with a 20% non-refundable deposit. The program fee must be paid in full prior to the first day your child attends the program.

Authorization must be given to allow Electronic Funds Transfer (EFT) through a checking or savings account or through a Credit Card - MasterCard, Visa, or Discover. The amount of the payment will be determined by the date of registration and the weeks remaining until your child attends camp. The balance due will be broken down into equal weekly payments and automatically debited out of your account or charged to your credit card. All balances due must be paid in full prior to your child(ren)'s start date in the program.

To set up a payment plan please set up an account on our website at [www.seymourcommunityservices.com](http://www.seymourcommunityservices.com) and complete the information below. This form must be returned to the community center by email or in person at 20 Pine Street.

### Payment information:

Your credit card or bank account will be charged weekly. The first charge will be a 20% non-refundable deposit. After the first installment your card will be made weekly and evenly distributed before the start of the program.

I authorize the use of my credit card for the payments and weekly installments as outlined above.

Card Holder Name			
Card Holder Address			
Type of Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Card Number			
Expiration Date		Three Digit Code	
Authorized Signature			

I authorize the EFT payment and weekly installments as outlined above from the account listed below:  
*(please attach a voided check)*

Name on Account			
Bank Name	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Routing Number			
Account #			
Authorized Signature			

**I have read the above and understand the payment requirements and the Refund Policy located on the Seymour Community Services Website.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

FOR OFFICE USE ONLY				
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Total Program Cost	Deposit 20%	Balance Due	Weeks until Child(ren) Start Date	Weekly Payment