



TOWN OF WAKEFIELD, NEW HAMPSHIRE
PARKS AND RECREATION

2 HIGH STREET
SANBORNVILLE, NEW HAMPSHIRE 03872
Telephone (603) 522-9977
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Financial Aid

We are asking all families who wish to be considered for any upcoming grants for financial aid to fill out the financial aid application. The application must be updated every six months for aid to continue. The Recreation Administration reserves the right to ask families to update the form as needed if there is an income change. Without a current financial aid application on file, you will not receive financial aid.

Program Fee waivers are available for low-income Wakefield, NH residents based on space availability and eligibility requirements. A SNAP or FANF/TANF-provided EBT card serves as evidence for a program fee waiver for low-income residents. At the discretion of the Wakefield Parks and Recreation Administration, program fees may also be waived for children currently meeting eligibility for Free/Reduced School Lunch.

Field Trips are excluded from Program Fee waivers.

The attached financial aid application will need to be filled out and returned to the recreation department prior to the start date for the activity you wish to receive aid for.

Along with the financial aid form you will be required to provide proof of residency, paystub from the last 30 days, a recent electric bill, and a mortgage bill or rental agreement.

The chart Below is for 2023 this chart is updated annually based on Cost of Living Adjustments.

Who is eligible for New Hampshire Food Stamp Program (SNAP)?

To be eligible for this benefit program, you must be a resident of the state of New Hampshire and meet one of the following requirements:

- You have a current bank balance (savings and checking combined) under \$2,001, or
- You have a current bank balance (savings and checking combined) under \$3,001 who share their household with one of the following:
 - A person or persons age 60 and over or
 - A person with a disability (a child, your spouse, a parent, or yourself).

To be eligible, you must have an annual household income (before taxes) that is below the following amounts:

Select Household Size ▾ Maximum Household Income per year Hide Table ▲

Annual Household Income Limits (before taxes)

Household Size*	Maximum Income Level (Per Year)
1	\$17,667
2	\$23,803
3	\$29,939
4	\$36,075
5	\$42,211
6	\$48,347
7	\$54,483
8	\$60,619

*For households with more than eight people, add \$6,136 per additional person. Always check with the appropriate managing agency to ensure the most accurate guidelines.

Application for Financial Aid

Wakefield Parks & Recreation reserves the right to verify all information given as a condition of providing financial aid to the family involved. All information will remain strictly confidential.

General Information:

Last Name: _____ First Name: _____

Mailing Address: _____

Street Address: _____

Telephone #: _____

Marital Status (Please circle) Single Married Separated Divorced

Place of Employment: _____

Mailing Address: _____

Spouse's Place of Employment: _____

Mailing Address: _____

Number of Individuals in Household: _____

Name of Individuals in Household: (Do not list self)

<u>Name:</u>	<u>Relationship to applicant</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Aid Required (Per week): \$ _____ from _____ to _____

Reason:

Income Information: Please list GROSS MONTHLY INCOME from all sources, including child support, alimony, wages and salary, social security, payments from boarders, roommates, friends, net income from self employment, income from house, room, or land rentals, interest, dividends, annuity or trust income, retirement, veterans or pension benefits, etc. For seasonal fluctuations in income, EMPLOYER VERIFICATION and or IRS 1040 verification may be required.

Source	Amount Payment	Schedule (Weekly/monthly)

Total Monthly Income: _____

Expense Information:

Please list ALL monthly expenses: Rent/mortgage, insurance, car payments, household expenses (power, fuel, groceries), medical, child support, etc.

Source	Amount Payment	Schedule (Weekly/monthly)

Total Monthly Expenses: _____

Special Considerations if applicable, i.e. family crisis, excessive medical costs, etc.

Certification: I certify that the information I have provided on this application is true and complete to the best of my knowledge and that I may have to provide documents to prove what I have written on this application. I understand that if I deliberately give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for fraud.

Signature

Date