

Salem Park, Recreation and Community Services

Financial Assistance Application

Child's Name: _____

Parent's Name: _____

Home Address: _____ Phone: _____

Parent's Email: _____

The following information is required to determine your eligibility for financial assistance.

Total Household Gross Income

1. Select the column that corresponds to your household size.
2. Circle the income range that corresponds to your total household gross income

	Total Number of People In Household							
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Total Household Gross Income	Under \$28,200	Under \$32,200	Under \$36,250	Under \$40,250	Under \$43,500	Under \$46,700	Under \$49,950	Under \$53,150
	\$28,201- \$47,000	\$32,201- \$53,700	\$36,251- \$60,400	\$40,251- \$67,100	\$43,501- \$72,500	\$46,701- \$77,850	\$49,951- \$83,250	\$53,151- \$88,600
	\$47,001- \$70,750	\$53,701- \$80,850	\$60,401- \$90,950	\$67,101- \$101,050	\$72,501- \$109,150	\$77,851- \$117,250	\$83,251- \$125,350	\$88,601- \$133,400
	Over \$70,750	Over \$80,850	Over \$90,950	Over \$101,050	Over \$109,150	Over \$117,250	Over \$125,350	Over \$133,400

In signing this form, I certify that all of the information provided above is true and correct to the best of my knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility. I authorize the funding agency and/or the City of Salem to obtain verification from any source I provide.

Name (printed) _____ Signature _____ Date: _____

Office Use Only:

Program Name: _____ Cost of the Program: _____

Amount of financial assistance awarded: _____

Staff Signature: _____

