

FINANCIAL ASSISTANCE APPLICATION

****For Brookline Residents Only****



The Brookline Recreation Department provides recreation programs to residents of Brookline that are open to people of all ages, economic levels, and abilities. The Brookline Recreation Department does not discriminate based on age, race, ethnicity, economic background, sexual orientation, or disability. The Brookline Recreation Department provides financial assistance for individuals who have demonstrated an economic hardship so that they may be able to participate in recreation programs. Financial assistance is available to Brookline residents only.

Application Process

- 1. Complete the application and attach verification of income.** *The form must be received five (5) business days after the original registration unless otherwise stated. Registration and participation confirmation may be cancelled if application and verification is not received.*
- 2. Complete registration.** *You must indicate which program you are registering for registering over the phone or in person and a 5% deposit is required. Online registrations cannot be accepted processed when requesting financial aid. Refunds are not made for programs paid for in full.*
- 3. You will be notified via email or mail within 10 business days with a determination on the request including the amount of the discount.** *Please allow this time for processing.*

**Verification of all household income is required.
Examples include, but are not limited to:**

Earnings from Work

Wages/Salaries/Tips
Strike Benefits
Unemployment Compensation
Worker's Compensation
Income from Self-Owned Business/Farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement Income
Veteran's Payments
Social Security

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony/Child Support Payments

Other Income

Disability Benefits
Cash Withdrawn from Savings
Interest/Dividends
Income from Estates/Trusts/Investments
Net Royalties/Annuities/Net Rental Income
Any Other Income

Free/Reduced Lunch Status

Families who are currently eligible for free or reduced lunch through the school system do not need to submit any additional information.

- **Confidentiality:** *The Brookline Recreation Department will use the information on the application only to determine qualifications to receive financial assistance for recreation services*
- **Application Frequency:** *Only one application for financial assistance is required per calendar year and will be required to update upon registration.*
- **Questions?** *Please call us at 617.730.2069.*

Financial assistance is limited, please apply early.

Town Of Brookline Recreation Department
133 Eliot St, Brookline MA 02467
617.730.2069 / Fax 617.879.0774
www.brooklinerec.com



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Please complete the application in its entirety and submit with the income verification attached.

Participant Name _____ Age _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian Name _____ Address (if different) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Dependent Children:	Age	Activity for which financial aid is requested
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____
Name _____	_____	_____

Parent/Guardian 1

Current Employer _____
Monthly Income \$ _____
Annual Income \$ _____
Other Income \$ _____

Parent/Guardian 2

Current Employer _____
Monthly Income \$ _____
Annual Income \$ _____
Other Income \$ _____

List all sources including earnings from work, all government assistance, and all other income

Total Income Per Year for Household \$ _____

Does applicant receive Free Lunch? Yes No Reduced lunch? Yes No

I certify that the above information is correct and that all income was reported. I understand that this information is being given for the receipt of financial assistance, and that Brookline Recreation may verify the information on this application. Deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Signature: _____ Date: ____/____/____

For Department Use Only: Date Rec'd: ____/____/____ Initials _____
Resident Status Verified? Yes Income Verification: Yes Qualified Yes No
Household # _____ % of award: _____
Approved by: _____, Asst. Director Date: ____/____/____

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