

HOUSEHOLD INCOME:

Please indicate total yearly household income to include monthly earnings from employment, unemployment, ASPIRE, TANF, child support, alimony, Social Security, pensions, retirements and all other income.

- \$0-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000 - \$59,999
- \$60,000 AND ABOVE

What benefits do you feel you and or your family will gain from our programs and services? Feel free to include an additional sheet of paper.

Are there other extenuating circumstances that you would like us to consider?

I am requesting financial assistance from MRC due to my personal circumstances and certify that all information submitted is correct, complete and accurate. I understand that all information submitted will be kept confidential.

APPLICANT OR APPLICANT GUARDIAN (17 AND UNDER)

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN THIS FORM AND A PHOTOCOPY OF PAGE 1 OF YOUR INCOME TAXES TO:

**FINANCIAL ASSISTANCE COMMITTEE
MID-COAST RECREATION CENTER
535 WEST ST
ROCKPORT, ME 04856**

FOR OFFICE USE ONLY

DATE RECEIVED:	APPROVED/DENIED:	% DISCOUNT:	DETERMINATION SENT: