GLADSTONE PARKS & RECREATION DEPARTMENT

Financial Assistance Application

Address_						
City		State			Zip	
Home Phone		Work Phone				
Household M						
First name	Last Name	Relat spous etc.	ionship se child,	Age	Check if claimed on form 1040 as a dependent	
)	ne information for	all members	s of hous	seholo	l:	
C. List incon	ne information for				Annual Income	
	Employer or Source	Income	Work Pl	hone		
	Employer or	Income	Work Pl	hone		
C. List incon	Employer or	Income	Work Pl	hone		

L I	ANT-CASH GRANT	. 331
l F	OOD STAMPS	· DFS
AMO	UNT \$	
TOTA	AL FAMILY INCOME \$	_
	re extenuating circumstance cessive medical expenses, ur	es that you would like to share nemployment, etc?
_		
. Applicat	tion for financial assistance s	specific service or program:
_		
Amount	n/service expense: participant is willing to cont sistance requested:	\$ tribute: \$ \$
our bene nformation	efits along with your cas	attach a current letter stating seworker's name, and contact of the information on this form.
Appli	cant Signature	Date
assistanc	<u>-</u>	FOR OFFICE USE ONLY APPROVED AMOUNT \$ DENIED REVIEWER'S INITIALS
		DATE: