

GLADSTONE PARKS & RECREATION DEPARTMENT

Financial Assistance Application

Applicant Name (Adult) _____ Spouse Name

Street

Address _____

City _____ State _____ Zip

Home Phone _____ Work Phone

Household Members

First name	Last Name	Relationship spouse child, etc.	Age	Check if claimed on form 1040 as a dependent

B. Total Family Income for the Year _____. (Amount: \$ _____)

C. List income information for all members of household:

Name	Employer or Income Source	Work Phone	Annual Income

D. Other Income (i.e.: child support) _____ Amount \$ _____

Check any assistance currently receiving:

