



DEPARTMENT OF RECREATION
180 SCHOOL ROAD
WILTON, CONNECTICUT 06897

www.wiltonparksandrec.org

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Steve Pierce
Director

Scott Kieras
Assistant Director

Jim Lewicki
Program Coordinator

Beverly Hodge
Administrative Secretary

FINANCIAL ASSISTANCE APPLICATION

Name: _____ Date: _____

Address: _____
Street Town / State Zip Code

Request financial assistance for the following program(s):

Children	Ages	Other Household Members
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income: Please attach W-2 Form and Form 1040 & Last 4-week paystubs (Consecutively)

Husband: Gross Monthly Salary _____
Net Monthly Salary _____
Other forms of income (alimony, child support, investment income, trust funds,
financial subsidy, unemployment, etc.) _____

Please specify other forms of income: _____

Wife: Gross Monthly Salary _____
Net Monthly Salary _____
Other forms of income (alimony, child support, investment income, trust funds,
financial subsidy, unemployment, etc.) _____

Please specify other forms of income: _____

Other individuals contributing to the household income: _____

Gross Monthly Income (net) _____

Expenses: Please list all figures on a monthly basis. If not paid on a monthly basis please
annualized and average on a monthly basis.

Mortgage/Rent _____

WILTON RECREATION: *the benefits are endless!*

(2)

Personal/Property and Miscellaneous taxes Electrical	_____	_____
Telephone	_____	_____
Medical/Life Insurance	_____	_____
Heat	_____	_____
Food	_____	_____
Gas	_____	_____
Auto/Home Insurance	_____	_____
Real Estate Taxes	_____	_____
Clothing	_____	_____
Medical	_____	_____
Miscellaneous (Garbage, Newspaper, Auto/Home Maintenance)	_____	_____
	_____	_____
Loans/Debts (Auto, Education, Credit Cards)	_____	_____
	_____	_____
Alimony/Child Support Payments	_____	_____
	_____	_____
Child Care	_____	_____
	_____	_____
Education	_____	_____
	_____	_____
Entertainment	_____	_____
Total:	_____	_____

Please sign after reading the following:

The above information is true to the best of my knowledge. I will keep the Wilton Parks and Recreation Department and the Social Service Department informed of any change in our financial situation.

Parent(s) Signature

Date

Please attach a narrative description of needs and/or exceptional circumstances that would be helpful to us in determining your eligibility for financial assistance.