

Township of Lower Merion
Department of Parks & Recreation

APPLICATION FOR FINANCIAL ASSISTANCE

Membership or Registration fees will be discounted based on household monthly income and family size.
Please complete the following information and submit all supporting documentation.

Please list all Household Members including children.
Please attach additional sheets to list family if necessary.

Household Members	Relationship to Applicant	Monthly Earnings Gross before Deductions		Monthly Income Received		
		Job 1	Job 2	Welfare, Alimony, Child Support	Pensions, Retirement, Social Security	Other Income Received
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		None Income earning family Members				
		None Income earning family Members				
		None Income earning family Members				
		None Income earning family Members				
		None Income earning family Members				

Required Supporting Documents (One of the following)

- W2 forms for last year for each working member of the household.
- One month's worth of Check Stubs for each working member of the household accompanied by a letter from each employer stating the number of paycheck received yearly.
- Unemployment/Social Security or Layoff notification.

Signature and Social Security Number

I certify the information listed above is true and correct and all income was reported. I understand that all of the information provided may be verified and I authorize the Township to do so by contacting my employer.

 Signature of Adult Applicant

 Social Security Number

Please Print:

 Name of Applicant

 Telephone

 Address

 City

 State

 Zip Code

Email Address _____