



DEPARTMENT OF PARKS & RECREATION

Town of Narragansett, Rhode Island

170 Clarke Road, Narragansett, RI 02882

Phone: (401) 782-0658 Fax: (401) 788-2553

Financial Aid Form

The Narragansett Parks and Recreation Department (NPRD) offers assistance options to ensure that no one is turned away due to financial limitations. **Financial Aid is for Narragansett Residents Only**

Verification of income is required and must be submitted with this application. The following methods are accepted:

1. Submittal of prior year Form 1040 tax return.
2. Copy of Benefits Determination Letter (for Welfare, AFDC, SSI).

Additional information may be required in order to determine the appropriate amount of financial assistance to be awarded. (i.e. 3rd party reference, medical bills, etc.)

INSTRUCTIONS

1. The head of household must complete the financial assistance application.
2. Attach all necessary documents.
3. Sign and return to NPRD.

If all the proper information has been received with a signed completed application, the NPRD will process the financial assistance request and notify the applicant within ten business days.

Narragansett Parks & Recreation Department
170 Clarke Road
Narragansett, RI 02882
(401) 782-0658
(401) 788-2553 (fax)

Financial Assistance Application

Narragansett Parks & Recreation Program Desired: _____

Head of Household: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (Evening): _____ M: ___ F: ___ Date of Birth: _____

List name and date of birth of all individuals living in the same household who share living expenses (including yourself, spouse, children, etc.)

Name	DOB	Name	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Income: Total amount of monthly income before deductions (including wages, salary, public assistance, child support, alimony, social security, unemployment compensation, TDI, worker's compensation, pension, or retirement income) available to support household expenses from all sources and individuals living in the household: \$ _____

Additional reasons which I feel are relevant to my application: _____

I hereby certify that I have completed all the information requested within this application form, and that all information supplied is true and accurate to the best of my knowledge, and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by the NPRD, and that I will be notified as to whether my application for financial assistance has been approved or not.

Date

Applicant Signature

Date

Director or Designee Signature

FOR OFFICE USE ONLY

Percentage awarded _____

Date	Participant	Program	Total Fee	Fin. Assist. Amount	Participant Amount