

2019 Town of Ashland Pool Program - Financial Disclosure Form

Financial Assistance is available to qualified Ashland residents for pool passes. Scholarships are available to heads of households, age 18 and over, and all family members meeting eligibility criteria.

Applicant Name: First/MI/Last _____

Spouse's Name: First/MI/Last _____

Address _____

City/State/Zip _____

Phone No.s: Home _____

Cell _____

E-Mail _____

Please list the names and ages of family members receiving support from your family income and residing in your household.

| <i>Name</i> | <i>Age</i> | <i>Name</i> | <i>Age</i> |
|-------------|------------|-------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List employment information for all members of the household.

| Name & Social Security No. | Employer | Work phone | Annual Income |
|----------------------------|----------|------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Other sources of income (i.e., child support): _____ Monthly Amt \$ _____

Other assistance received: ___ ADC ___ SRS ___ SSI Monthly Amt \$ _____

Total annual income for the year 2018: \$ _____

Total estimated annual income for the year 2019: \$ _____

If you pay for child care in order to work and/or make child support/alimony payments, please give the amounts you pay *annually*:

Child Care \$ _____ Child Support \$ _____ Alimony \$ _____

I, the undersigned, attest to the accuracy of the information recorded on this form. I further agree to submit proof of income and have provided a copy of my 2018 Federal Income Tax information (see attached). Further, should I currently receive ADC, SRS, or SSI assistance, both case number and caseworker name will be provided:

Applicant's Signature _____ Date _____

Family eligibility: Parent(s) and children must be Ashland residents; only children claimed on Federal Income tax statements by an Ashland resident may be included in an application for scholarship assistance; children age 18 and over are not eligible for a scholarship as a dependent of their parent(s); grandparent(s) with custody and primary care responsibilities for grandchildren may include grandchildren on the application.

Return completed application and copy of 2018 Federal Income Tax information to: Parks & Rec. Coordinator's Office, Town of Ashland, 101 Thompson Street, Ashland, VA 23005.