



Newtown
COMMUNITY CENTER

Assistance Application

WE ARE HERE TO HELP!

The Newtown Community Center does not turn anyone away for inability to pay and ensures a way to open its door to any resident. The Community Center is committed to nurture the potential of individuals and fostering an environment that supports personal growth, health and wellness, social interaction and creative opportunities. An individual's rate for membership/programs is determined by household income and based on need depending on the individual's needs and circumstances.

Assistance is given for the following circumstances:

- Those who are experiencing financial hardships
- Individuals referred by Social Services
- Individual(s) on low fixed incomes
- Those dealing with overwhelming medical bills
- Those experiencing other life changing situations

How do I apply?

The Newtown Community Center requires the attached application be completed and returned to the Welcome Desk, via mail or email. Determining assistance applications are reviewed monthly by a panel and are kept confidential. Applicants must submit their most recent tax paperwork, letter of scholarships will be granted for a 12 month period and applicants must re-apply annually. Applicants must also complete a membership application.

To return your application or with questions please contact:

Community Center Director, Matt Ariniello with any questions
(203) 270-4341 or via email at Matthew.Ariniello@newtown-ct.gov



Contact Information

[Empty input field]

First Name Mi. Last Name Date of Birth Gender

[Empty input field]

Home Address City State Zip Code

[Empty input field]

Mailing Address

[Empty input field]

Phone Number Alternate Number Email Address

[Empty input field]

Co-Applicant's Name

[Empty input field]

Co-Applicant Date of Birth

Contact Information

Household Annual Income [input] Affordability: I am able to pay \$ [input]

[Empty input field]

Per month/session

Name of Dependent Date of Birth

[Empty input field]

Name of Dependent Date of Birth

[Empty input field]

Name of Dependent Date of Birth

[Empty input field]

Name of Dependent Date of Birth

[Empty input field]

Name of Dependent Date of Birth

[Empty input field]

Name of Dependent Date of Birth

[Empty input field]



Categories

(Mark each category)

(Office Use Only)

(Office Use Only)

- | | | | | | |
|--|---|-----|---|---|-----|
| <input type="checkbox"/> Individual Membership | % | EXP | <input type="checkbox"/> Single Parent Membership | % | EXP |
| <input type="checkbox"/> Couple Membership | % | EXP | <input type="checkbox"/> Swim Lessons/Program | % | EXP |
| <input type="checkbox"/> Family Membership | % | EXP | | | |

List Monthly Income and Expenses:

Wages, Salaries & Tips:

Rent/Mortgage:

Rental Income:

Food:

Child Support:

Electric:

Alimony:

Water:

Social Security/SSI:

Gas – Car/Home:

Food Stamps:

Credit Cards:

Welfare:

Car Payment:

Pension:

Medical Expenses:

Workers Comp.:

Phone/Cable:

Unemployment:

Insurance:

Retirement:

Misc. Expenses:

Assistance Letter Request:

Please complete, and return a letter of request, with your application – explaining why you need assistance. List any unusual circumstances that may affect your application. All applications must be accompanied by this letter.

Make Sure You Submit! Applicants **must** submit all of the items requested below to be considered.

- Assistance Application
- Form 1040 Tax Return
- 2 most recent pay stubs



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Assistance Letter Request:

Please use this space to include any additional information or extenuating circumstances that were not included on this application. Please tell us why you would benefit from a Community Center membership.

Name:

Signature:

Date:

For Office use only:

Date Received: _____

Approved: _____ Denied: _____ Reason for Denial: _____

Type: _____

% of assistance: _____

Amount paid by applicant per month: _____

CC Directors Signature: _____ Date: _____