



Town of Portland Youth Services Program Financial Assistance Request Form

Equal Opportunity Employer

PERSONAL INFORMATION			
Name (Last, First, MI)		Date of Birth	
Address (Portland, CT)		How long at this address?	
Telephone #		Alternate #:	
List all members of the household, their age and relationship:	NAME	AGE	RELATIONSHIP
Is anyone in the household:	<input type="checkbox"/> ILL	<input type="checkbox"/> DISABLED	<input type="checkbox"/> ELDERLY
If yes, state relationship to that person:			

ASSETS / CURRENT ASSISTANCE – DOCUMENTATION IS REQUIRED		
Name & Address of Employer (applicant):		
Name & Address of Employer (spouse/other):		
HOUSING:	Mortgage: \$	Rent: \$
General monthly expenses:		
Other Household Income:	APPLICANT	SPOUSE / OTHER
<input type="checkbox"/> UNEMPLOYMENT	\$	\$
<input type="checkbox"/> SOCIAL SECURITY, SSI, DMHAS	\$	\$
<input type="checkbox"/> CHILD SUPPORT, ALIMONY	\$	\$
<input type="checkbox"/> INCOME	\$	\$
<input type="checkbox"/> OTHER: FOOD STAMPS, FUEL ASSISTANCE, REDUCED LUNCH	\$	\$

PLEASE ATTACH TWO MOST RECENT PAY STUBS TO APPLICATION					
PLEASE LIST:					
Program/s wanting payment assistance for:					
REASON:					

* * BELOW FOR OFFICE USE ONLY * *

Client Personally Appeared Client Telephoned Request Date & Time: _____

Interviewed by:	Date:
Remarks:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (if denied state reason):