

# **Beneficent Fund Application**

## **GUIDELINES FOR APPLICATION**

1. To be considered, applicants must be a current resident of the Town of Plainfield and have lived in the town for six consecutive months prior to applying. Proof of residency required.
2. Applications will be considered for recreation/aquatic center memberships or program registration fees.
3. Each person(s) requesting assistance from the Beneficent Fund established by the Plainfield Parks and Recreation Department must submit a complete application.
4. Each application submitted will be reviewed by the Beneficent Fund Committee.
  - a. The Committee shall be made up of the Plainfield Town Manager, Plainfield Town Council Liaison to the Parks and Recreation Department and the Director of the Plainfield Parks and Recreation Department.
5. Applicants will be notified in writing after application has been reviewed.
6. Monies used from the Beneficent Fund to cover cost of membership or program fees shall be reimbursed by the Park Fund.

## **CRITERIA USED**

1. Residency – applicants must live within incorporated Town limits and have lived within the incorporated Town limits for six consecutive months.
2. Need – based on membership or program applying.
3. Federal Poverty Guidelines – when reviewing household income and persons in the household, the HHS Poverty Guidelines will be used

# Beneficent Fund Application

**Part I Assistance Request (check one)**

Application Date: \_\_\_\_\_

Recreation/Aquatic Center  
Membership

Family

Individual

Program Registration

Program Name \_\_\_\_\_  
 Program Dates \_\_\_\_\_  
 Cost of Program \_\_\_\_\_

**Part II - Income (check one)**

Provide a copy of previous year 1040 or 1040 EX tax forms (block out social security numbers) or current disability benefits statement

Household Income from all sources \$ \_\_\_\_\_ Mo. \$ \_\_\_\_\_ year

\*\*\*Note: income noted must be supported with documentation. Include information from employment earnings, alimony, pension/retirement, child support and welfare. All children listed must show proof of relationship to parent or legal guardian.

**Part III Household Information**

Name - First, Middle, Last	Date of Birth	Male/Female	Address
1			
2			
3			
4			
5			
6			

**Part IV Additional Information**

In the space provided below or on an additional sheet, please provide any additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature:** I verify that all of the informaiton on this application is true and that all income is reported. I understand that assistance is considered based availability of funds. I further understand Town officials my verify the information submitted. Providing false information will disqualify my application.

Signature	Printed Name	
Day Time or Cell Number	Evening Number	Email Address
Street Address	City	Zip

**Office Use**

Proof of Residency	Y N	Approved	Denied	%
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Approval \_\_\_\_\_ Value \$ \_\_\_\_\_

Notes: \_\_\_\_\_