

**Borough of Quakertown
K.I.D.S. Camp Financial Assistance Application**

List ALL sources of household monthly income (support documentation is required):

Gross Wages/Salary: \$ _____	per month
Child Support/Alimony: \$ _____	per month
Disability/Social Security: \$ _____	per month
Unemployment Compensation: \$ _____	per month
Public Assistance: \$ _____	per month
Rental Income: \$ _____	per month
Assistance from Relative/Friend \$ _____	per month
Retirement: \$ _____	per month
Pensions/Benefits: _____	per month
Food Stamps: \$ _____	per month
Other: \$ _____	per month
Total Gross Income: \$ _____	per month

Please check all other assistance you receive:

___ School Lunches ___ Apple Child Care ___ Other Agency Assistance: _____

Special Circumstances/Comments:

Have you applied for financial assistance for K.I.D.S. Camp in the past? ___ Yes ___ No

I certify that the information on this application is true and complete to the best of my knowledge. I authorize the Borough of Quakertown to discuss this application with the Financial Assistance Committee and my reference, if needed.

Signature: _____ Date: _____

For Borough Use Only:

_____ Assistance Approved _____ Assistance Denied
_____ Number of weeks approved
_____ Total Amount Sponsored

Signature: _____ Date: _____