



TOWN OF GREENBURGH
Department of Community Resources
THEODORE D. YOUNG COMMUNITY CENTER

32 Manhattan Avenue ~ White Plains, New York 10607-1329
(914) 989-3600 (914) 682-2798 Fax
www.greenburghny.com
tdycc@greenburghny.com



André G. Early
Commissioner

Paul J. Feiner
Town Supervisor

Terrance V. Jackson
Deputy Commissioner

****Financial Assistance - Town of Greenburgh residents will not be denied participation in any Department of Community Resources program because of the inability to pay. Financial assistance is available with proof and determination of need.****

You will need all of the following documents to apply for Financial Assistance with the Department of Community Resources at the Theodore D. Young Community Center (TDYCC).

Proof of Income

- ❖ A **copy** of your **2019** State & Federal Income Tax Return
- ❖ A **copy** of your **2019** W-2 Form(s)
- ❖ IRS form 4506-T (available at www.IRS.gov) signed by both parents/guardians. Forms 4506-T authorizes the Town of Greenburgh to inspect and/or receive your filed tax returns in any office of the IRS for the prior calendar year.

Proof of Residency

- ❖ A Town of Greenburgh Unicard
- ❖ A Driver's License**
- ❖ Utility Bill, i.e., Con Edison, Telephone, Cable, etc.
- ❖ A **copy** of Child's/Children's Birth Certificate(s)
- ❖ A letter from the child/children's school on letterhead stating that your child/children is/are enrolled in the school and the child's home address

****If you do not have a valid Driver's License, an employer or government photo ID will be required.****

TDYCC, The CORNERSTONE of Greenburgh



PAUL FEINER
Supervisor

TOWN of GREENBURGH

177 Hillside Avenue, Greenburgh, New York 10607
(914) 989-1500
www.greenburghny.com

FINANCIAL ASSISTANCE FORM

For Department of Community Resources and Department of Parks & Recreation

- ❖ Financial assistance may be awarded in accordance with the Town Policy for awarding Financial Assistance, a copy of which is attached to this Application Form.
- ❖ The department reserves the right to interview the applicant.
- ❖ The department reserves the right to request other information/documentation.
- ❖ NOTE: One application per family single family residence only will be considered.
- ❖ ALSO NOTE: All required information must be submitted with this application (copies only) or it will be denied and returned.
- ❖ Summer Camp applications will not be processed until payment is made in full.
- ❖ NOTE: Checks for Summer Day Camps will NOT be accepted after May 29, 2020. Payment must be made by cash, credit card or money order.

NAME OF APPLICANT: _____
(Parent or Guardian – Please Print)

ADDRESS: _____
No. Street City State Zip

PHONE: Home: _____ Work: _____

Cell: _____ Email: _____

NAME OF PARTICIPANT		PROGRAM (Please be Specific)	LISTED PROGRAM FEE
First	Last		

We encourage every family to make a contribution to the cost of the program (must enter dollar amount):

I will be able to pay \$ _____ toward the total fees. ****REQUIRED INFORMATION****

FINANCIAL ASSISTANCE: A maximum budgetary allowance has been established for program assistance. As a result, if financial assistance is needed, the Financial Assistance Request Form along with required information must be completed and submitted at the time of registration.

1. Are you Hispanic or Latino? Yes No
2. Please indicate your ethnicity:
- a. Asian
 - b. Black/African American
 - c. Native American (Including Alaska)
 - d. Native Hawaiian/Pacific Islander
 - e. White/Caucasian

(PLEASE COMPLETE BACK OF FORM)

****REQUIRED INFORMATION**:**

1. OCCUPATION (Parent/Guardian): _____ ANNUAL INCOME: _____
2. OCCUPATION (Other Parent/Guardian) _____ ANNUAL INCOME: _____
3. PROOF OF INCOME (Federal Income Tax return)
4. OTHER INCOME SOURCE (e.g., investments, rent, social services, social security, unemployment compensation, worker’s compensation, pensions, disability, alimony, child support, public assistance, royalties etc. (list sources)). _____

ONLY COPIES of supporting documentation must be submitted with application.

TOTAL GROSS INCOME (1 + 2 + 4): \$ _____

**** NOTE: In the event you and the other parent/guardian are divorced or separated, you still must submit his/her tax returns along with signed form 4506-T. If you do not receive any child support, you must submit proof (i.e. court document(s)). REQUIRED INFORMATION****

If special consideration is requested, list all pertinent information: _____

I would like an interview on my special consideration request: Yes _____ No _____

*** * NOTE: THIS FORM WILL NOT BE REVIEWED IF PROOF OF INCOME IS NOT ATTACHED! * ***

Proof of Income & Residency: *REQUIRED INFORMATION*****

- A **copy** of your **2019** State and Federal Income Tax Return;
- A **copy** of your **2019** W-2 form(s);
- A Town of Greenburgh Unicard
- A **copy** of Child’s/Children’s birth certificate(s)
- A letter from the child’s/children’s school on letterhead stating that your child/children is/are enrolled in the school and the child’s/children’s home address; and
- IRS form 4506-T (available at www.IRS.gov) signed by both parents/guardian(s). Form 4506-T authorizes the Town of Greenburgh to inspect and/or receive your filed tax returns in any office of the IRS for the prior calendar year.

Any false statement in this application may subject you to the penalties provided by Section 210.45 of the Penal Law which reads as follows:

“A person is guilty of making a punishable false written statement when he knowingly makes a false statement, which he does not believe to be true, in a written instrument bearing a legally authorized form notice to the effect that false statements made therein are punishable.”

“Making a punishable false written statement is a Class A misdemeanor. Punishment could be a year in jail, 3 years probation, or \$1,000 fine.”

I have read the foregoing, and I hereby swear under the penalties of perjury that the contents of this application are true to my knowledge:

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NOTE: THIS FORM MUST BE COMPLETED AND REQUIRED DOCUMENTATION, INCLUDING PROOF OF INCOME AND FORM 4506-T, SUBMITTED BEFORE IT WILL BE REVIEWED.

No Registration will be processed until this form is completed.

FOR OFFICE USE ONLY

Amount Granted: \$ _____ Assistance Denied _____

REMARKS: _____

AUTHORIZED SIGNATURE

DATE