

55⁺ Assistance Application

Scarborough Community Services

P.O. Box 360, Scarborough, ME 04070-0360 207.730.4150

DO I MEET THE REQUIREMENTS TO USE THIS APPLICATION? Compete the checklist to determine your eligibility to use this form.

I am currently a Scarborough resident and can provide proof of residency.

(e.g., driver's license, rent/lease agreement, utility bill)

I do not have an outstanding balance with the Town of Scarborough or Scarborough Community Services.

I can provide a copy of last year's/most current tax returns.

I am able to provide proof of unearned income.

Unearned Income: Includes child support/alimony income; pension/retirement benefits and annuities; Social Security benefits (pensions, survivor's benefits, permanent disability insurance payments); assistance from SSI, TANF, and PaS; veteran's benefits; unemployment insurance and worker's compensation; regular income received from earned interest, dividends, royalties, estates, and trusts; income from ownership of rental property/capital gains; regular general assistance cash payments; regular money contributions from persons not considered family members; lottery/sweepstakes income.

Income Eligibility

To be eligible on the basis of income, applicants' gross income (i.e., before taxes are withheld, including unearned income) must fall at or below 130% of the U.S. Poverty Income Guidelines. Please see below for income guidelines and the formula we use to determine financial assistance:

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2021 to June 30, 2022)							
Household Size Annual Monthly Weekly							
1	\$23,828	\$1,986	\$459				
2	32,227	2,686	620				
3	40,626	3,386	782				
4	49,025	4,086	943				
5	57,424	4,786	1,105				
6	65,823	5,486	1,266				
7	74,222	6,186	1,428				
8	82,621	6,886	1,589				

Scarborough Community Services' Assistance Formula					
	\$=	= x 100 =%			

Divide A (your gross income) by B (income eligibility quideline from chart) and multiply C (the difference) by 100 to get D (your percentage).

If your percentage falls between				
25-49%	75% off			
50-74%	50% off			
76-100%	25% off			

If your income is higher than the given income eligibility guideline, you do not qualify for financial assistance through our program. You may still complete Pages 4 and 5 of this application so we may seek additional outside aid on your behalf.

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Instructions and Requirements

Instructions

Please read instructions carefully before completing application.

- This application is specifically for assistance on any 55+ program run by Scarborough Community Services, which includes programs such as weekly Wednesday lunches and monthly trips.
- Approval for financial assistance is recommended prior to registering for any programs; we do not refund the difference if a registration was already completed and paid for.
- All programs eligible for assistance are also pursuant to the Community Services Refund Policy; there will be no refunds for withdrawal from a program.
- Once approved, your award will be valid for the year and will require reapplication and review each year going forward.
- Community Services is willing to provide some assistance; however, we reserve the right to deny or further reduce the assistance amount awarded after a period of time.
- Please do not fax this completed application or any pertinent documents.
- Once we have received and reviewed the full application with supporting documentation, we will be in touch to set up a private appointment and registration session.

	appointment and regi	30.000.000.000.000.000.000.000.000.000.	
-	ired Documenta		
Please	check each appropria	te box acknowledging your informational attachments	with this application.
	Proof of Residency Provide ONE	Copy of driver's licenseUtility billRent/lease agreement	
	Last Year's Tax Retu	_	
	Proof of Unearned I	ncome	
	Completed Personal	Record Preference form.	
-	· -	on will be returned to the applicant or shredded aft all Record Preference form below.	er an assistance determination has been made.
	N	Personal Record Prefe	
	Please selec	t your preference, sign and date this form, and return v	with your application. Thank you.
	•	nity Services shreds all supporting documentation once the date Community Services informs me of its decision	
		Il supporting documentation. I agree to pick up this ne of its decision. If it is not picked up within the week	
I agree	to comply with the p	plicies and procedures as noted in this application pack	et.
Signa	ture	Print Name	Date

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For Community Services Staff:				
Year	%			

Adult Applicant/Househol	d Information					
			Single	Married	Divorced	Sig Other
Name of Applicant						
Street		<u> </u>	Town		State	Zip Code
P.O. Box (if applicable)	Home Telepho	one	Work Telephon	e	Cell Phone	
E-mail						
How many reside in your household full-tin Names of all people living in household full	-time:		nildren	. to Auglious		out of space
These names must include any other adults who	live at this address.	Age	Kelationship	to Applicant	anywhere applicatio	information within this on, please turn
					to Page 4 space.	for additional
Monthly Earned Income: Applicant Gross Income \$ Yearly Income Total: \$	Spouse Gross Inc				TOTAL \$_ ease give net incor	
Monthly Unearned Income/Assis	stance					
Are you in the process of applying for DHH	·			. 1 —		
☐ DHHS Food Assistance ☐ TANF		Transitional Project GRACE	\$ Amou \$ Amou			Amount Amount
Does anyone in your household/other pare Circle any of the following that your housel	•	· · · · · · · · · · · · · · · · · · ·) Y N			
	ood Stamps	Other		\$	_ Unearned In	come Total
Monthly Expenses Please list monthly expenses here:			List other expenses	nere (cellphones, ga	s, internet, etc.)	
\$ Food \$	Utilities	\$	\$		_ \$	
\$ Rent/Mortgage \$	Vehicle Payments	\$	\$	_	_ \$	
Do you have any debts (i.e., bank loans, cal If yes, list below name of institution, purpo			Y N			
Name of Institution	P	urpose	Total	Amount	Monthly Pay	yment

Program Assistance Request

Please list programs you are interested in attending and are seeking assistance for:

Additional Requests/Needs

Scarborough Community Services works with other local agencies to seek additional assistance on behalf of our residents. Sometimes families do not qualify for our assistance program but still need help. Others may not need help with recreation services but with basic needs, like food, gas, groceries, help with the holidays, etc. Please let us know of some outstanding needs you are experiencing so we may assist you further:

	Clothing Needs Nutritional Needs Household Needs • Home repairs • Home heating • Household products (i.e., hygiene products	Vehicle/Transportation Needs Gas for vehicle(s) Vehicle repairs Transportation for appointments/job/school		Miscellaneous Needs Holiday expenses (gifts, food) Financial planning/tax assistance Insurance Mental health/family counseling Addiction recovery assistance
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Assistance Request Explanation/Additional Space

Scarborough Community Services realizes that sometimes the "numbers" do not tell the whole story. We want to provide space for you to fully explain your unique situation so we may get a better idea as to why you are in need of assistance. You may also use this space for information overflow from previous pages.

Waiver/Signature Required

I hereby affirm that the facts in this application are true, correct, and complete, and that I have not knowingly withheld any information. I understand that Community Services has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it will result in my not being eligible to receive assistance; therefore, I authorize Community Services to contact town/state welfare officials or others to determine financial aid. All fees are subject to change, and Scarborough Community Services reserves the right to periodically re-evaluate the percentage of financial assistance. I further understand that failure to make payments may result in termination of financial assistance.

		Applicant Signatur	e			Date	
For Communit	y Services Staff Only	(Staff Instruction –	Please comple	te):			
Please da	ite and initial upon re	eceipt	Date		(Cost of program at receipt date	
Returned	to applicant becaus	e of incomplete app	olication (date)				
CS Director:	Assistance:	Approved		Denied	%	_ or \$	
Scarborough (Community Services	 Designee		Date	 Date	contacted applicant	