



TOWN OF CORTLANDT
DEPARTMENT OF RECREATION AND CONSERVATION



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CRISTIN JACOBY
ROBERT E. MAYES
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FEE REDUCTION APPLICATION

Parent/Guardian Name _____

Address _____

Cell Phone # _____ Home Phone # _____ Email _____

Participant's Name (s) _____ Age (s) _____

Reason for fee reduction request: _____

1. What is your current employment status? (All Adults in household)

- Working Full-time
- Working Part-time
- Unemployed
- Retired
- Disability
- Other (explain)

2. Please indicate current monthly benefits/income and a copy of your award letter for these benefits listed below:

- Unemployment Insurance \$ _____ per month
- Food Stamps \$ _____ per month
- Public Assistance \$ _____ per month
- SSI/SSD \$ _____ per month
- Section 8 Housing \$ _____ per month
- Child Support \$ _____ per month
- Alimony \$ _____ per month
- Other \$ _____ per month
- Medicaid # of family members _____

3. Including yourself, how many family members do you support financially? _____

4. Please attach a copy of your most recently filed federal tax form and all W-2 forms. If you itemize, please include Schedule A and any other schedules.

5. Copies of three (3) recent pay stubs.

I certify that the above information is true and correct, and my financial need is genuine.

Applicants Signature Date

NOTE: WE CANNOT PROCESS YOUR APPLICATION WITHOUT YOUR TAX FORMS. FINANCIAL AID RECIPIENTS WILL NOT BE ELIGIBLE TO PAY FOR RECREATION PROGRAMS ONLINE, PLEASE CALL 914-734-1050 FOR QUESTIONS OR CONCERNS.