



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?

Complete 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

$$\frac{\$ \text{_____}}{A} / \frac{\$ \text{_____}}{B} = \frac{\text{_____}}{C} \times 100 = \frac{\text{_____}}{D} \%$$

Divide A (your gross income) by B (income eligibility guideline 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.

55+ Assistance Application

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.
-

Required Documentation

Please check each appropriate box acknowledging your informational attachments with this application.

- Proof of Residency** - Copy of driver's license
Provide ONE - Utility bill
- Rent/lease agreement
- Last Year's Tax Returns**
- Proof of Unearned Income**
- Completed *Personal Record Preference* form.**

All supporting documentation will be returned to the applicant or shredded after an assistance determination has been made. Please complete our *Personal Record Preference* form below.

Personal Record Preference

Please select your preference, sign and date this form, and return with your application. Thank you.

- I prefer that Community Services shreds all supporting documentation once a determination has been made. ***This will be done within one week of the date Community Services informs me of its decision.***
 - I prefer to pick up all supporting documentation. ***I agree to pick up this documentation within one week of Community Services informing me of its decision. If it is not picked up within the week, Community Services will shred the documents.***
-

I agree to comply with the policies and procedures as noted in this application packet.

Signature

Print Name

Date

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For Community Services Staff:

Year

%

Adult Applicant/Household Information

Name of Applicant _____ Single _____ Married _____ Divorced _____ Sig Other _____

Street _____ Town _____ State _____ Zip Code _____

P.O. Box (if applicable) _____ Home Telephone _____ Work Telephone _____ Cell Phone _____

E-mail _____

How many reside in your household full-time (including you)? Adults _____ Children _____

Names of all people living in household full-time:

These names must include any other adults who live at this address.

Age Relationship to Applicant

If you run out of space for your information anywhere within this application, please turn to Page 4 for additional space.

Financial Information *Please include information for all responsible parties for child.*

Monthly Earned Income:

Applicant Gross Income \$ _____ Spouse Gross Income \$ _____ Child Support Income \$ _____ TOTAL \$ _____

Yearly Income Total: \$ _____

*PLEASE NOTE: If you are self-employed, please give net income.

Monthly Unearned Income/Assistance

Are you in the process of applying for DHHS assistance? (Please circle) Y N

DHHS Food Assistance \$ _____ Amount | Transitional \$ _____ Amount | _____ \$ _____ Amount
 TANF \$ _____ Amount | Project GRACE \$ _____ Amount | _____ \$ _____ Amount

Does anyone in your household/other parent receive public assistance? (Please circle) Y N

Circle any of the following that your household/other parent receives:

AFDC _____ SSI _____ Food Stamps _____ Other _____ \$ _____ **Unearned Income Total**

Monthly Expenses

Please list monthly expenses here:

\$ _____ Food \$ _____ Utilities \$ _____
\$ _____ Rent/Mortgage \$ _____ Vehicle Payments \$ _____

List other expenses here (cellphones, gas, internet, etc.)

Do you have any debts (i.e., bank loans, car payments, credit cards)? (Please circle) Y N

If yes, list below name of institution, purpose money was borrowed, and amount.

Name of Institution Purpose Total Amount Monthly Payment

Program Assistance Request

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

