



# Hamden Youth Hockey Association

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## Financial Assistance Application Form

It is the goal of the HYHA to provide its members the opportunity to play hockey, including those with financial difficulty. To that end, HYHA through internal fundraising can sometimes provide financial assistance to families in need of it. This assistance is awarded on a discretionary basis by the Board of Directors based on the amount of funds available and the demonstrated financial need of the applicant.

HYHA realizes that asking for assistance may be difficult for some members. We want to assure you that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant and the HYHA Board of Directors. HYHA reserves the right to verify information requested on this form.

Those with unpaid balances from previous seasons will NOT be considered for Financial Assistance in the current season.



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## Required Information

The following items **MUST** be submitted by the June 1st deadline in order for an application to be deemed complete:

1. Financial Assistance Application (form below)
2. First 2 pages of the last 2 years 1040 Tax Forms of both parents (including divorced parents). If the either tax return has been extended, provide the last 2 completed returns.
3. Current year W2 forms for both parents if employed AND in the additional information section discuss any other sources of income..
4. Explanation of other considerations that should be taken into account to understand need (i.e. medical conditions, financial situations, dependent care).

## Application Questions

1. Please list all your children that are planning to participate in HYHA during the upcoming season:

Name	Level (Mite, Squirt)	Year Started with HYHA

2. Guardian 1

Relationship (i.e. mother):	
Name:	
Address:	
Phone:	
Email:	



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### 3. Guardian 2

Relationship (i.e. mother):	
Name:	
Address:	
Phone:	
Email:	

### 4. The above guardians are (check all that apply)

\_\_\_\_\_ Married to Each Other

\_\_\_\_\_ Divorced or legally separated

\_\_\_\_\_ Other

If Other, please explain \_\_\_\_\_

### 5. If divorced or legally separated or not living together, please indicate which guardian has custody:

\_\_\_\_\_

### 6. List all other children not listed above:

Name	Age	Plays Hockey For



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### 7. Financial Assistance Requested

A	Expected Current Year HYHA Expense - the total of all registration & tryout fees.	
B	Proposed family contribution toward expected HYHA expense - your payments.	
C	Financial Assistance Requested - A less B	

### 8. Financial Information

	Guardian 1	Guardian 2	Combined
Current employer			
Prior year wages, salary and/or self-employment income			
Annual income from child support and/or alimony			
Other income on an annual basis			
Do you own or rent your home?			
Monthly mortgage or rent payments			
Do you own a second home?			



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### 9. Other Information

Please provide any other information you would like us to consider (change in employment status, dependent parent, special needs children, etc.)

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I / we certify that the above information is true and correct. I / we authorize the HYHA Board of Directors to make whatever inquiries deemed necessary to verify the information provided (this form must be signed by all custodial parents / guardians):

Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

**ALL APPLICATION INFORMATION WILL BE TREATED AS CONFIDENTIAL**