



**Helena Housing Authority  
812 Abbey  
Helena, MT 59601**

**Public Housing Resident Youth Activity Payment Request**  
Authorized Resident and Parent /Guardian completes this form

*All items must be completely filled out in order for HHA to process your request*

My property manager is \_\_\_\_\_ Sharon \_\_\_\_\_ Carole \_\_\_\_\_ Ashley \_\_\_\_\_

**Head of Household:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

*(This is who the check needs to be made out to)*

**Provider Name:** \_\_\_\_\_ **Name of Activity:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Activity Cost:** \$ \_\_\_\_\_ **Amount Requested to be paid by HHA** \_\_\_\_\_

*In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973, Helena Housing Authority (HHA) does not discriminate on the basis of disability in admission or access to, or treatment or employment in its federally assisted programs and activities.*

**\*\*\*You must attach a completed activity registration form that also verifies no other assistance (i.e. YMCA scholarships) is provided to this request for it to be considered.**

**\*\*\*RELEASE** In consideration of payments made by Helena Housing Authority on behalf of the youth identified on this form and application, I hereby for myself, the child, and our heirs, agents, executors and administrators waive and release any and all rights and claims for damages I or the youth might assert against the Helena Housing Authority and its representatives, successors and assigns for any and all injuries suffered by myself and the youth resulting from their participation in the activity paid for by the Helena Housing Authority under this application for Public Housing Resident Youth Activity Program.

Office use only

\_\_\_\_\_  
**Parent/Legal Guardian**                      **Date**

**APPROVED FOR \$** \_\_\_\_\_



**Public Housing Resident Youth Activity Payment Request Policy:**

Any child who resides in a Helena Housing Authority (HHA) public housing unit may, with the permission and signature of a parent or legal guardian, apply for up to \$100 per calendar year (January 1-December 31) in a healthy activity or educational financial assistance program.

Examples: (not limited to)

- Sports Activity Fee
- Swimming Pass
- Piano Lessons
- Theater Camp
- Dance fees
- Ski Pass

\* HHA will manage an annual list by date and time of application to ensure no one exceeds \$100; funds are distributed on a first come first serve basis.

\*Proof of registration for activity is required before payment will be considered

\* All payment will be in check format and will be made out directly to the vendor, if there are multiple children participating in one vendor's activity, that vendor will receive one check from HHA and an itemized list of participants.

\*HHA has allocated \$5,000 annually for this program, if and when funds are exhausted for the year, no exceptions will be made and funds will not carry over year to year. The assistance for the year will close until the following calendar year.

*\*HHA shall determine in its sole discretion what constitutes a qualifying "health activity or educational" program.*

\_\_\_\_\_  
**HHA Approving Staff Signature**

\_\_\_\_\_  
**Date**