Housing Authority of Billings
2415 1st Avenue North
Billings MT 59101

Youth Activity Payment Request

Head of Household completes this form

All Items on this Form Must Be Completely Filled Out In Order For The Housing Authority Of Billings To Process Your Request.

I live in **Public Housing**. My housing worker's name is_____ Greg _____ Vickie

Head of Household: _____ **Child's First Name:**_____
Address: _____ **Last Name:** _____
_**Billings MT 5910**_____
Phone number: _____

(**This is who the check needs to be made out to**)
↓↓ ↓↓
Provider Name: _____ **Name of Activity**: _____
Start date: _____
Mailing Address: _____ End date: _____
_____

Phone Number _____

Activity Cost: $ _____ **Amount Requested To Be Paid By Housing Authority?** $_____

***** You must attach a completed registration form to this request in order for your request to be considered for payment!**

***** Did you check with the activity provider to see if scholarships or reduced fees are available for your child?**

** Waiver: In consideration of payments made by the Housing Authority of Billings on behalf of my child, I hereby for myself, my child, my heirs, my executors, and administrators waive and release any and all rights and claims for damages I or my child might have against the Housing Authority of Billings and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity paid by the Housing Authority of Billings.

Office use only

_____ **APPROVED FOR $** _____
Signature of Parent/Legal Guardian **Date**

Payment

_____/_____

P.O. #_____Acct.#_____

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