



Housing Authority of Billings
2415 First Avenue North
Billings Mt 59101
245-6391

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 _____ Brian _____ Vickie

Head of Household: _____ **Child's First Name:** _____
Address: _____ **Last Name:** _____

Phone number: _____

Provider Name: _____ (This is who the check needs to be made out to)
Mailing Address: _____

Phone Number _____

Name of Activity: _____

Start date: _____

End date: _____

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

- *** **Child must be 18 or younger to receive Assistance with Activities**
- *** **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?**
- *** **PLEASE allow for 2 weeks or more to process a check**

** 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.

Signature of Parent/Legal Guardian **Date**

APPROVED FOR \$ _____
Payment _____ / _____

P.O. # _____ **Acct.#** 500.4220