

FINANCIAL ASSISTANCE APPLICATION



For Office Use Only: Date Received _____

Please complete the information requested in as much detail as possible along with a copy of your family tax return and year-end W-2 wage statement(s) and submit to the Parks & Recreation Department office. Your application will be reviewed and then you will be notified. If needed, there may be a request for additional information or an appointment for an interview. Only "youth related" programming and "Kids Connection Before and After School Program" are eligible for assistance (programs designed for persons 17 years of age or younger as well as parent/child activities). **Further, the Youth Programming Financial Assistance Program is open to City of Greenfield residents only. Kids Connection Before & After School Program Financial Assistance is available to those who attend any Greenfield School District Elementary School.**

PLEASE PRINT

DATE: _____

Please check which assistance you are requesting (Select all that apply).

Youth Programming (includes Summer Playgrounds) Kids Connection

1. APPLICANT'S NAME _____ PHONE _____

2. ADDRESS _____ CITY _____ ZIP _____

3. FAMILY HOUSEHOLD SIZE ADULTS & CHILDREN

Name	Birthday	Name	Birthday

4. EMPLOYER _____ CITY _____

5. SPOUSE'S EMPLOYER _____ CITY _____

6. **Have you received any previous financial assistance?**

A - Through the City of Greenfield? Yes No

B - Through a School District? Yes No

C - Through any other agency? Yes No

If yes to any of the above, please list dates and programs _____

7. **Does your child qualify for free or reduced lunch through their School District?**

(Kids Connection applicants only)

Yes No If Yes (Please Check): Free Reduced

**If yes, please provide documentation attached to this form*

414.329.5370



parks.rec@greenfieldwi.us



www.greenfieldparksrec.com



8. Please share your reason for requested financial assistance: _____

9. **Monthly Gross Income From All Household Sources**

Wages of all working members in household
(Please provide past two pay stubs) \$ _____
 Welfare payments, food stamps, & financial assistance \$ _____
 Pensions and Social Securities \$ _____
 Alimony and/or child support \$ _____
 Unemployment \$ _____
TOTAL \$ _____

10. **Yearly Gross Income Filed with Most Recent Federal Tax Return:** \$ _____
(Please provide past a copy of all household tax returns and year-end W-2 wage statements)

11. **List Any Extraordinary Family Expenses** (i.e. Medical, Alimony, Educational Loans)

Type	Amount

12. **What City of Greenfield Department of Parks & Recreation programs have you/your son or daughter previously participated in?** _____

13. I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION REQUESTED WILL FORFEIT ELIGIBILITY FOR ANY FINANCIAL ASSISTANCE.

Signature _____ Date _____

OFFICE USE ONLY

- Amount of Assistance Granted (Percentage): _____ Youth Programming Kids Connection
- Comments _____

- Assistance Period Applicable:
 Youth Programming _____ through **4/15/**_____ (Tax Year)
 Kids Connection _____ through **6/15/**_____ (School Year)
- Approved by _____ Date _____
- Contacted by _____ Date _____