

# 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**

1. Amount of Assistance Granted (Percentage): \_\_\_\_\_  Youth Programming  Kids Connection

2. Comments \_\_\_\_\_  
\_\_\_\_\_

3. Assistance Period Applicable:

Youth Programming \_\_\_\_\_ through **4/15/** \_\_\_\_\_ (Tax Year)

Kids Connection \_\_\_\_\_ through **6/15/** \_\_\_\_\_ (School Year)

4. Approved by \_\_\_\_\_ Date \_\_\_\_\_

5. Contacted by \_\_\_\_\_ Date \_\_\_\_\_