



CITY OF GREENFIELD DEPARTMENT OF PARKS & RECREATION

7325 West Forest Home Avenue
Greenfield, Wisconsin 53220

Phone: (414) 329-5370 / Fax: (414) 543-2369
Business Hours: (M-F) 8 am-5 pm
Visit us on the web: <http://www.ci.greenfield.wi.us>

Date Received: _____
(Office use only)

FINANCIAL ASSISTANCE APPLICATION

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 Kids Connection

1- APPLICANT'S NAME _____ PHONE # _____

2- ADDRESS _____ CITY _____ ZIP _____

3- FAMILY HOUSEHOLD SIZE: ADULTS & CHILDREN

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4- EMPLOYER _____ CITY _____

5- SPOUSE'S EMPLOYER _____ CITY _____

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

A- Through City of Greenfield? _____ Yes _____ No

B- Through Greenfield 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 the Greenfield School District?**
(Kids Connection applicants only)

_____ Yes _____ No If Yes (Please Circle): Free Reduced

*If yes, please provide documentation attached to this form

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 a copy of all household tax returns and year-end W-2 wage statement(s))

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

<u>TYPE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____

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: _____