



Please allow up to two weeks for processing.

# Annual Financial Assistance Application 2024-2025

## Recreation Programs

Application can be found online at:

<https://www.waukesha-wi.gov/government/departments/financial-assistance-program.php>

1. All information must be completed (typed or printed).
2. Incomplete applications may result in an unaccepted application.
3. Be sure to review and understand the Financial Assistance Policies and Procedures provided.

### APPLICANT – Head of Household

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

**Applicants:** Please fill in the information below for each household member that the Head of Household has guardianship, even if they will not be registering for a class at this time. If you need more space, please attach an additional sheet of paper.

Name	Relationship to Head of Household (i.e. spouse, child, parent, etc.)	Birthdate	Age	Gender
1.				
2.				
3.				
4.				
5.				
6.				

**VERIFICATION**

Number of Children living at home: \_\_\_\_\_ Number of Adults in household: \_\_\_\_\_

Documentation provided: AFDC Stub TANF Stub Food Share Foster Care  
(Please circle)  
 Medicaid SSI BadgerCare Other: \_\_\_\_\_

I certify that all of the information provided on this form and documentation are true and correct.

\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Signature

Please return your completed application to: WPRF, Attn: Financial Assistance, 1900 Aviation Dr., Waukesha, WI 53188

<b>FOR OFFICE USE ONLY</b>	<b>Documentation provided:</b> _____		
	DATE REVIEWED: _____	<u>APPROVED</u>	<u>DENIED</u>
	ADDRESSED VERIFIED _____	40%	65%
	SUPERVISOR SIGNATURE : _____		REASON _____
	NOTIFICATION LETTER SENT: _____	ACTIVE ENTERED: _____	

7/15/24