

5647 Broad Street GREENDALE, WI 53129 (414) 423-2790 JACKIE SCHWEITZER
Director

| ILL SEL | | |
|-------------------------------------|----------------|-------------------|
| Summer (due by April 1st) | Date Received: | |
| Fall (due by August 1st) | - | (Office Use Only) |
| Winter/Spring (due by December 1st) | | (|

RECREATION ASSISTANCE PROGRAM (RAP) APPLICATION

The Greendale Park and Recreation Department recognizes that some of the residents of the Village of Greendale require financial assistance to attend certain recreational/enrichment activities. The information requested below is confidential and is necessary to help determine the degree of need for each applicant. All information must be filled in or the application will be returned and unaccepted. Upon a completed form being turned in, along with the required information outlined under "How to Apply" under the Polices/Guidelines/Information, your application will be reviewed and you will be notified, in writing, of any decisions (may include an appointment for an interview). Please review the Policies/Guidelines/Information regarding eligibility requirements. The Recreation Assistance Program is open to Village of Greendale residents only.

| Greendale Park and Recreation Office. | | | | | | | |
|---|----------------------------|----------|--|--|--|--|--|
| PLEASE PRINT | Date: | | | | | | |
| NAME OF CONTACT PERSON (head of household) | | <u>_</u> | | | | | |
| ADDRESS | CITY | _ZIP | | | | | |
| DAYTIME PHONE | EVENING PHONE | | | | | | |
| EMPLOYER | CITY | | | | | | |
| SPOUSE'S NAME (if applicable) | CITY | | | | | | |
| FAMILY SIZE: # of Adults in Household | # of Children Living at Ho | me | | | | | |
| DEPENDANTS: List only those under the age of 19. | | | | | | | |
| | | | | | | | |

| Name | Birthdate | Gender |
|------|-----------|--------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| | TOTAL YEARLY | FAMII | LY INCOME (includ | le ch | ild su | upport if applicable) (as of May 2018): |
|-------------------------|--|----------|------------------------------------|---------|---------|---|
| | \$22,459 & Under (1) | | \$38,444 to \$46,43 | 5 (4) | | \$62,420 to \$70,411 (7) |
| | \$22,460 to \$30,451 (2) | | \$46,436 to \$54,42 | 7 (5) | | \$70,412 to \$78,403 (8) |
| | \$30,452 to \$38,443 (3) | | \$54,428 to \$62,41 | (6) | | \$7,992 each additional person |
| Gree | endale Park and Recreation require | es a cop | by of your most recent Fed | eral Ta | ax Retu | ırn (1040 Income Tax Form) to verify your income. |
| List any extr Type | raordinary family expense | es (i.e | . Medical, Alimony, | Edu | catio | nal Loans): Amount |
| Please share | e your reason for reques | ted fir | nancial assistance: | | _ | |
| | ndale Park and Recreation | | | | | your son or daughter participated in |
| agency (exc | cluding Greendale School | Distr | ict's Free & Reduc | ed Fo | od S | and Recreation Department, or any other service)? Yes No |
| MY KNOWLI FORFEIT EL | EDGE, AND UNDERSTA LIGIBILITY FOR ANY FIN | ND T | HAT ANY FALSIFI IAL ASSISTANCE. | CAT | ION | AND COMPLETE, TO THE BEST OF OF INFORMATION REQUESTED WILL |
| X PARTICIPAI | NT/PARENT/GUARDIAN | SIGN | IATURE | | - | DATE |
| Comments: | | | | | | |
| | | | | | | |
| | | | | | | f Assistance granted: |
| Assistance p | period applicable: | | | | _ thro | ough |
| Annroved hy | <i>\(\frac{1}{2} \)</i> | | | | г | late: |