

WOODLAWN RECREATION CENTER FINANCIAL ASSISTANCE FORM

NAME _____

ADDRESS _____

CITY/STATE _____

HOME AND CELL NUMBER _____

AGE _____ MARITAL STATUS _____

CURRENT OR MOST RECENT EMPLOYER (ALL ADULTS LIVING AT ADDRESS)

NAME OF EMPLOYER _____

PHONE _____ CONTACT PERSON _____

NAME OF EMPLOYER _____

PHONE _____ CONTACT PERSON _____

IF YOU ARE CURRENTLY UNEMPLOYED CHECK HERE: YOU _____ SPOUSE _____

CHILDREN'S NAMES AND AGES OF ONLY THOSE WHO RESIDE AT YOUR ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____

PLEASE PROVIDE THE EXACT TYPE OF ASSISTANCE YOU ARE REQUESTING AND THE CIRCUMSTANCES WHICH BROUGHT ABOUT YOUR NEED

HAVE YOU EVER APPLIED FOR FINANCIAL ASSISTANCE FROM THE WOODLAWN RECREATION CENTER PRIOR TO NOW, OR DO YOU RECEIVE ANY OTHER TYPE OF FINANCIAL ASSISTANCE FROM ANY OTHER AGENCY _____ YES _____ NO. IF YES FROM WHAT AGENCY AND HOW MUCH DO YOU RECEIVE ON A MONTHLY BASIS

ARE YOU WILLING TO MEET WITH A FINANCE COMMITTEE WHO MAY ASK OTHER FINANCIAL AND PERSONAL QUESTIONS?

_____ YES _____ NO

REQUIRED DOCUMENTS AS PROOF OF INCOME

_____ 2 MOST RECENT CHECK STUBBS

_____ LAST YEARS W2 FORM

_____ AN AWARDS LETTER IF YOU ARE ON DISABILITY OR SSI

_____ IF YOU ARE UNEMPLOYED A NOTORIZED LETTER STATING YOU ARE UNEMPLOYED

APPLICANT'S SIGNATURE _____

DATE _____