



City of Menasha
 2015 Application for Reduced Season
 PoolPass/Recreation Activities
 for Youth 17 and under or disabled adult veterans

Office Use Only
Date Received: _____
Amount of Discount: _____
1 st Notification: _____
2 nd Notification: _____

Applicant's Name _____ Primary Phone# _____
 Street Address _____ City, Zip _____
 Employer _____ Hours Per Week _____
 Spouse/Partner Employer _____ Hours Per Week _____

Household Members (including yourself, your children, and other adults):

Name	Birthdate	Relationship

MONTHLY HOUSEHOLD INCOME	
Applicant's Gross Monthly Income	\$
Spouse/Partner Gross Monthly Income	\$
Unemployment	\$
Supplemental Social Security Income	\$
Social Security Disability Insurance	\$
Other Income	\$
TOTAL MONTHLY INCOME	\$

MONTHLY ASSISTANCE	
Family Assistance	\$
Child Care Assistance	\$
Medical Assistance	\$
Government Assistance	\$
Housing Subsidy	\$
Maintenance/Child Support	\$
TOTAL MONTHLY ASSISTANCE	\$

*Attach a recent copy of payroll stub(s) to the application.

MONTHLY HOUSEHOLD EXPENSES

Please list any extraordinary family expenses:

Please share the reason you are requesting financial assistance or indicate other factors you wish to be considered:

My child/children were approved for free breakfast/ lunch school meals during the past school year? Y N

My child/children were approved for reduced breakfast/ lunch school meals during the past school? Y N

Please indicate what program(s) you are seeking financial assistance for:

Participant's Name	Pool Pass (Please Check)	Recreation Program Name	Fees

- All information provided will be kept confidential.
- Funding for this program is limited and will vary from year to year. Those in greatest need, based on application information, will be given funding priority.
- Families or individuals determined to be eligible for this program will be notified prior to pool opening or programs beginning.

I certify that all the above information is true and correct and that all income is reported. City officials may verify the information on the application and the City of Menasha has full authority to determine eligibility. Misrepresentation will disqualify any family or individual from future application.

Signature: Adult household member must sign before application can be approved.

Applicant Signature

Date

List Years Financial Assistance has been granted (if known): _____