

## City of Lapeer Parks and Recreation Department YOUTH FINANCIAL ASSISTANCE APPLICATION

**Please submit to:** City of Lapeer Parks & Recreation Department  
(in sealed envelope) Attn: Financial Assistance  
880 S. Saginaw Street  
Lapeer, Michigan 48446

**Reminder:** Completing this application does not register a child for an activity. Please complete a separate registration form for activities.  
**Allow ten (10) business days for processing.**

Parent/Guardian: \_\_\_\_\_  
First
Middle
Last

Address: \_\_\_\_\_  
Street Address
Apt./Unit/Lot#
City
State
Zip Code

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

**List family members applying for financial assistance below (age 17 and under):**

Child's Full Name	Age	Activity, Class or Program Requested

Number of family members residing at above address: \_\_\_\_\_

Do you currently qualify for the Free/Reduced Lunch Program?  Yes  No

Do you receive financial assistance from any other agencies?  Yes  No Agency: \_\_\_\_\_

Name of Case Worker: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you currently employed?  Yes  No Spouse's Name \_\_\_\_\_

My Employer \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

**Total Family Income** (Including wages of all working members, social security, public assistance, welfare, alimony, child support and any other assistance.) **Monthly \$** \_\_\_\_\_ **Annually \$** \_\_\_\_\_

My total family income level exceeds the income requirements. My extenuating circumstances are temporary and listed below.

Please share your reason for need of financial assistance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supportive documentation REQUIRED** to substantiate income include at least one of the following:

- Approved Free and Reduced Lunch Program Form,  DHS Form,  SSI Form,  Social Security and/or
- Unemployment Statement **\*Documentation MUST be current!** **Please attach to application.**

Are you interested in volunteer opportunities? If yes, please list areas of interest: \_\_\_\_\_  
 \_\_\_\_\_

I give permission to authorize City of Lapeer Parks and Recreation officials to verify information on this application. I certify that the above listed information is correct. If any information is determined to be false I understand we will be disqualified for consideration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Rec'd \_\_\_\_\_  Approved  Denied  City Resident  Non-Resident Amount \$ \_\_\_\_\_ Initials \_\_\_\_\_