



**LAKWOOD POSSIBILITIES FUND - FINANCIAL ASSISTANCE APPLICATION**

The City of Lakewood Community Resources Department has established a program to support participation for Lakewood residents who demonstrate financial need. **Supporting funds in the amount of 25-75% of the total fee are available.** The application can take up to 5 business days to be processed at which time you will be notified of the outcome by phone and/or email. If approved, you will need to register and/or pay the reduced fee to complete the process.

**PLEASE NOTE: MUST BE A LAKEWOOD RESIDENT TO QUALIFY FOR ASSISTANCE**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Head of Household)

ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please list family members below:

Name	School (if applicable)	Age	Birthdate	Gender

*\*Please list additional household members on the back of this form*

**Would like Lakewood Staff to contact you regarding your possibilities?**

**May we contact you regarding you experience?**

Yes – please contact me Preferred Method: Phone Email

**Please note: If approved, each household member will be awarded \$300 that is valid through December 31, 2017 at which time a new application will need to be completed. Funds will be applied to your household account if approved. Please call or visit one of the centers on the back of this form to complete the registration process. If you have used all of your funds and have additional needs please visit one of the centers to determine if additional funds are available. Some restrictions apply.**

Please check your responses to the questions below:

Are you a female head of household? Yes No

Do you or anyone in your household have a disability? Yes No

Are you or anyone in your household 62 or older? Yes No

**PLEASE TURN OVER AND COMPLETE THE REST OF THIS FORM**

**For Federal reports, please circle your ethnic background:**      Hispanic or Latino      Not Hispanic or Latino

**For Federal reports, please circle your race:**      White      Black/African American      Asian      Asian & White

Black/African American & White      American Indian/Alaskan Native      Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White      American Indian/Alaskan Native & Black/African American

Other – multi racial

**Please check your annual gross income range based on your family size (for example if there are five people in your household, go to household of 5). The amount of your household income will help determine the percentage of assistance you qualify for.**

- Household of 1:  \$0-\$16,850     \$16,851-\$28,050     \$28,051-\$44,900     \$44,901+
- Household of 2:  \$0-\$19,250     \$19,251-\$32,050     \$32,051-\$51,300     \$51,301+
- Household of 3:  \$0-\$21,650     \$21,651-\$36,050     \$36,051-\$57,700     \$57,701+
- Household of 4:  \$0-\$24,300     \$24,301-\$40,050     \$40,051-\$64,100     \$64,101+
- Household of 5:  \$0-\$28,440     \$28,441-\$43,300     \$43,301-\$69,250     \$69,251+
- Household of 6:  \$0-\$32,580     \$32,581-\$46,500     \$46,501-\$74,400     \$74,401 +
- Household of 7:  \$0-\$36,730     \$36,731-\$49,700     \$49,701-\$79,500     \$79,501+
- Household of 8:  \$0-\$40,890     \$40,891-\$52,900     \$52,901-\$84,650     \$84,651+

**Are there any special circumstances you wish for us to consider?** \_\_\_\_\_

I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing services, the City of Lakewood, or the U.S. Department of Housing and Urban Development. I, therefore, authorize such verification and will provide supporting documents if necessary. If approved, I agree to pay the portion of program fees not covered by financial assistance. If a balance remains once the program is complete, future consideration for assistance can be jeopardized.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applications can be returned to:**

- Carmody Recreation Center | 2200 S. Kipling St., Lakewood, 80227 | 720-963-5384
- Charles Whitlock Recreation Center | 1555 Dover St., Lakewood, 80215 | 303-987-4800
- Clements Community Center | 1580 Yarrow St. Lakewood, 80214 | 303-987-4820
- Green Mountain Recreation Center | 13198 W. Green Mtn. Dr., Lakewood, 80228 | 303-987-7830
- Lakewood Cultural Center | 470 S. Allison Parkway, Lakewood, 80226 | 303-987-7845
- Link Recreation Center | 1295 S. Reed St., Lakewood, 80232 | 303-987-5400
- Recreation@Lakewood.org
- 303-987-5406 fax

**STAFF USE ONLY**

Date Received: \_\_\_\_\_  
Staff Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
HHID: \_\_\_\_\_  
Approved/Denied: \_\_\_\_\_  
If approved, %: \_\_\_\_\_  
Notification Sent:    Yes    No