



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 percent of the total fee are available.**

The application can take up to five 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 pay the reduced fee to complete the process.

PLEASE NOTE: IN ORDER TO QUALIFY FOR ASSISTANCE, PROOF OF LAKEWOOD RESIDENCY AND INCOME MUST BE PROVIDED.

NAME (*head of household*): _____ **PHONE:** _____

ADDRESS: _____ **APT. #:** _____

CITY: _____ **ZIP:** _____ **EMAIL:** _____

Please list family members who will use scholarship funds if approved.

Name	School (<i>if applicable</i>)	Age	Birthdate	Gender

Please list additional household members on a separate page and attach to this application.

Would you like Lakewood staff to contact you regarding program and activity possibilities?

No Yes - Preferred Method: Phone Email

May we contact you regarding your experience? Yes No

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

For federal reports, please check your ethnic background: Hispanic or Latino Not Hispanic or Latino

For federal reports, please check your race: White Black/African American Asian Asian and White

Black/African American and White American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White

American Indian/Alaskan Native and Black/African American Other - Multi Racial

TODAY'S DATE: _____



Lakewood
Community Resources

Please turn over and complete the rest of this form

**Please check your annual gross income range based on your family size.*
This will help determine the percentage of assistance you qualify for.**

Household of one:	<input type="checkbox"/> \$0-\$17,650	<input type="checkbox"/> \$17,651-\$29,400	<input type="checkbox"/> \$29,401-\$47,000	<input type="checkbox"/> \$47,001+
Household of two:	<input type="checkbox"/> \$0-\$20,150	<input type="checkbox"/> \$20,151-\$33,600	<input type="checkbox"/> \$33,601-\$53,700	<input type="checkbox"/> \$53,701+
Household of three:	<input type="checkbox"/> \$0-\$22,650	<input type="checkbox"/> \$22,651-\$37,800	<input type="checkbox"/> \$37,801-\$60,400	<input type="checkbox"/> \$60,401+
Household of four:	<input type="checkbox"/> \$0-\$25,150	<input type="checkbox"/> \$25,151-\$41,950	<input type="checkbox"/> \$41,951-\$67,100	<input type="checkbox"/> \$67,101+
Household of five:	<input type="checkbox"/> \$0-\$28,780	<input type="checkbox"/> \$28,781-\$45,350	<input type="checkbox"/> \$45,351-\$72,500	<input type="checkbox"/> \$72,501+
Household of six:	<input type="checkbox"/> \$0-\$32,960	<input type="checkbox"/> \$32,961-\$48,700	<input type="checkbox"/> \$48,701-\$77,850	<input type="checkbox"/> \$77,851+
Household of seven:	<input type="checkbox"/> \$0-\$37,140	<input type="checkbox"/> \$37,141-\$52,050	<input type="checkbox"/> \$52,051-\$83,250	<input type="checkbox"/> \$83,250+
Household of eight:	<input type="checkbox"/> \$0-\$41,320	<input type="checkbox"/> \$41,321-\$55,400	<input type="checkbox"/> \$55,401-\$88,600	<input type="checkbox"/> \$88,601+

**For example if there are five people in your household, go to household of five.*

ARE THERE ANY SPECIAL CIRCUMSTANCES YOU WISH TO SUBMIT FOR CONSIDERATION?

Please note: If approved, each household member will be awarded funds that are valid through December 31 of the current year.

At that time, a new application will need to be completed. Once approved, funds will be applied to your household account. Please call or visit one of the centers on 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.

IF YOU ARE UNABLE TO PROVIDE PROOF OF RESIDENCY OR INCOME, PLEASE PROVIDE AN EXPLANATION OF NEED:

**Upload your application and proof of residency and income to our secure mailbox: LPF@Lakewood.org
OR APPLICATIONS CAN BE RETURNED TO:**

Carmody Recreation Center

2200 S. Kipling St., Lakewood, 80227 • 720.963.5360

Charles Whitlock Recreation Center

1555 Dover St., Lakewood, 80215 • 303.987.4800

Green Mountain Recreation Center

13198 W. Green Mtn. Dr., Lakewood, 80228 • 303.987.7830

Link Recreation Center

1295 S. Reed St., Lakewood, 80232 • 303.987.5400

Clements Community Center

1580 Yarrow St. Lakewood, 80214 • 303.987.4820

Community Resources Department

480 S. Allison Parkway, Lakewood, 80226 • 303.987.7800

STAFF USE ONLY

Date Received: _____

Staff Name: _____

Location: _____

Residency Income

HHID: _____

Approved Denied

If approved, %: _____

Notification Sent: Yes No

I hereby certify that the information on this form is accurate and complete. I understand that this 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: _____