



CITY OF OSHKOSH PARKS DEPARTMENT
POLLOCK COMMUNITY WATER PARK
2022 - FINANCIAL ASSISTANCE APPLICATION

Please note: The information requested below is confidential and is necessary to help determine the degree of need for each applicant. All information shall be filled in legibly AND SUPPORTING DOCUMENTATION ATTACHED or the application will not be considered for assistance. Application deadline is Friday, May 6, 2022. Qualifying applicants will be randomly chosen until available funding is exhausted. If chosen for assistance this year, applicants will be notified in May.

(Please print legibly)

Date of Application: _____ 2022

Name of Contact Person (Head of Household): _____

Street Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

E-mail: _____

Part 1. Water Park Pass Applied For:

Youth (3-17 years old)

Adult (18-59 years old)

Senior (60+ years)

Family

Part 2. Names of Participants (all those that wish to secure either a single or family pass shall have their names listed below) ***Please note a family pass is limited to 2 adults*:**

	Name	Birth Date	Gender
1.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
2.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
3.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
4.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
5.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

6. _____ M F

7. _____ M F

8. _____ M F

Part 3. Eligibility Qualifications:

A. The above family currently qualifies for free or reduced lunch at school:

Yes No

Please submit the letter you received from the Oshkosh Area School District that proves eligibility for the free or reduced food program through June 2022

B. Participation with food stamp and/or W-2 cash benefit programs (list all names of individuals that participate in either or both of the programs noted below.)

Name	Food Stamp Case # (if any)	W-2 Benefit # (if any)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Note: **DO NOT** use case numbers for Medicaid, SSI, W-2 Childcare or Quest card.

C. **Foster Children.** If this application is for a child who is the legal responsibility of a welfare agency or court, list the amount of the child's monthly personal use income: \$_____. Write "0" if the child has no personal use income.

D. Total Household Income & Income Eligibility Guidelines. You must tell us how much and how often. NOTE: Income levels will be compared to State's Income Eligibility Guidelines (attached). Please provide proof of income for all household members. If no income, please make the proper notation.

Below, please list everyone in household along with last month's income and how often it was received
Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly

Name (first, last) (list everyone in household)	Earnings from Work Before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	Check if NO income
a. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
b. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
c. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
d. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
e. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
f. _____	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

E. Special Hardship Situation

If for any reason an applicant is not able to provide the information above, please list reasons why consideration should be given to qualify for the Financial Assistance Program.

Part 4. Signature

I hereby verify that the information stated on this application is true.

Please print name

Applicant Signature
(shall be 18 years or over)

_____, 2022
Date

Submit this completed application to the Oshkosh Parks Department, 805 Witzel Avenue, Oshkosh WI 54902

Failure to complete application and provide all information requested will negate eligibility for the program.

INCOME ELIGIBILITY GUIDELINES

Household Size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589
For Each Additional Household Member Add	+\$8,399	+\$700	+\$162