Walworth County Financial Futures Incentive (WCFFI) Program
Enrollment Form / Request for Funding

First Name	Middle Initial	Last Name
Street Address		
City	State Wisconsin	Zip Code
Phone Number		Date of Birth
Total Number of Members in Household		Total Gross Annual Income
How will the money be used? o Personal Debt Reduction o Housing (Rent or Mortgage) o Education/Training o Vehicle Purchase o Vehicle Repairs o Past Due Fines o Past Due Child Support o Other - Please explain:		

This is a **non-taxable payment** under section 139 of the Internal Revenue Code in connection with the COVID-19 pandemic and is considered a qualified disaster relief payment that is excluded from the recipient's gross income.

The law provides penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

_____

Signature *Date*

_____

Name

For Office Use Only:

Photo ID has been verified: ❑ Yes ❑ No $500 PO # _____

Account Number: 253170B1-53540-R0015 Disbursement of Amount $_____

This is a **non-taxable payment** under section 139 of the Internal Revenue Code in connection with the COVID-19 pandemic and is considered a qualified disaster relief payment that is excluded from the recipient's gross income.

Authorized Signature Date

Programa de Incentivos de Financieras del Condado de Walworth (WCFFI)
Formulario de Inscripción / Solicitud de Financiamiento

Primer nombre	Primera Letra del nombre en medio	Apellido
Dirección		
Ciudad	Estado Wisconsin	Código postal
Número de teléfono		Fecha de nacimiento
Número total de miembros en el hogar		Ingreso Anual Bruto
¿Cómo se utilizará el dinero? ○ Reducir deudas personales ○ Vivienda (Alquiler o Hipoteca) ○ Educación/Entrenamiento ○ Compra de vehículos ○ Reparación de vehículos ○ Multas vencidas ○ Manutención de niños vencida ○ Otro - Por favor explique:		

Este es un pago no sujeto a impuestos según la sección 139 del Código de IRS (Hacienda) con la pandemia de COVID-19 y se considera un pago calificado de ayuda por desastre que está excluido del ingreso bruto del beneficiario.

Por la ley hay sanciones, que incluyen multa o prisión, o ambas, por la presentación deliberada de cualquier declaración o evidencia de un hecho material, al saber que es falso.

_____

Firma *Fecha*

_____

Nombre

Sólo para uso de oficina:

Photo ID has been verified: ❑ Yes ❑ No $500 PO # _____

Account Number: 253170B1-53540-R0015 Disbursement of Amount $_____

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