

Genoa Township Park District

Financial Assistance Application Guidelines

FINANCIAL ASSISTANCE:

I HAVE BEEN ADVISED AND UNDERSTAND THAT:

1. Financial Assistance applications need only be completed once annually. Information on this form will be kept on file until December 31 of the current year and any changes to financial status must be reported promptly by the applicant to the Park District
2. All information submitted is confidential and is not a matter of public record of the Park District.
3. All information on the Financial Assistance application must be true and accurate.
4. Limited funds are available for assistance. All assistance awards will be on the basis of need and availability of funds at the time of applying. Families will receive a verification card which will allow them to register throughout the year, expiring December 31 of the current year. Verification Letters will specify that assistance has been approved and what percentage of assistance has been granted.
5. Upon submission of assistance request, families will be notified in 15 working days as to their assistance status.

APPLICATION PROCEDURES:

1. Complete, in full, the Assistance Application Form. Families must submit a copy of this year's federal income tax return and submit two recent pay stubs from each wage earner.
2. Return your completed application to the Park Office.
3. The Park Director will review each application and verify each family's eligibility. Based upon family size, income level and extenuating circumstances, families may be denied or approved for assistance.
4. If approved, you will receive a letter stating the amount of assistance (25%, 50%, 75%), the length of assistance and other related information.

HOW TO REGISTER

- Mail-in
- Drop-off
- Walk-in

All registration procedures and policies as detailed in each of the Park Districts program brochures apply to assistance recipients. In addition to completing the regular registration form, all assistance recipients must adhere to the following procedures.

1. Complete registration form as detailed in our program brochure or as given to you at an in-person registration. If registering in-person you must present your letter to the registration staff.
2. Your payment amount is due at the time of registration and there is no billing or extended payment plans.

If you have any questions please call

815-784-5612

Genoa Township Park District Financial Assistance Application Form

I. GENERAL INFORMATION

1. Family Name: _____

Husband _____ Wife _____
First Name First Name

2. Present address: _____

Home Phone: () _____ Work Phone: () _____

3. Marital Status SINGLE WIDOWED
 MARRIED DIVORCED
 SEPERATED

4. Total Number in the Household: _____

a. First Name: _____ Age: _____

b. First Name: _____ Age: _____

c. First Name: _____ Age: _____

d. First Name: _____ Age: _____

e. First Name: _____ Age: _____

f. First Name: _____ Age: _____

g. First Name: _____ Age: _____

h. First Name: _____ Age: _____

i. First Name: _____ Age: _____

5. Rent or Mortgage: Own Rent

Monthly Payment \$ _____

6. Car(s)

- a. Own Monthly Payment \$ _____
Year _____ Make of Car _____
- b. Own Monthly Payment \$ _____
Year _____ Make of Car _____

II. FINANCIAL RESOURCES

1. Public Assistance

Do you Receive Public Assistance: Yes No
(If yes, Please check all that apply)

<u>Agency</u>	<u>Contact Person</u>	<u>Yearly Amount</u>
<input type="checkbox"/> Public School	_____	\$ _____
<input type="checkbox"/> Genoa Township	_____	\$ _____
<input type="checkbox"/> DCFS	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____
<input type="checkbox"/> Other _____	_____	\$ _____

***TOTAL PUBLIC ASSISTANCE \$ _____**

2. Employment

Families must submit a copy of last year's federal income tax return and two recent pay stubs from each wage earner listed below.

Please complete the following:

- Husband : Employer _____
Address: _____
Employer Phone () _____
Gross Yearly Income \$ _____
- Wife: Employer _____
Address: _____
Employer Phone () _____
Gross Yearly Income \$ _____
- Other: Employer _____
Address: _____
Employer Phone () _____
Gross Yearly Income \$ _____

3. Other Cash Resources (check all that apply)

Alimony \$ _____ x 12 =\$ _____
Child Support \$ _____ x 12 =\$ _____
Unemployment \$ _____ x 12 =\$ _____
Current Saving \$ _____ x 12 =\$ _____
Assets, (Properties CD's) \$ _____ x 12 =\$ _____
Other, _____ \$ _____ x 12 =\$ _____
***TOTAL OTHER CASH RESOURCES \$ _____**

4. Income Summary

***TOTAL PUBLIC ASSISTANCE \$ _____**
***TOTAL EMPLOYMENT INCOME \$ _____**
***TOTAL OTHER CASH RESOURCES \$ _____**
***GRAND TOTAL FINANCIAL RESOURCES \$ _____**

III. EXTENUATING EXPENSES

The following information will assist us to better understand any extenuating financial circumstances you incur.

1. Medical expenses (other than deductibles) not covered by insurance:

\$ _____

Please specify medical condition resulting in the expense(s): _____

2. Child Care \$ _____ per month @ 12 months =\$ _____

Name of Provider: _____ Phone () _____

3. Credit card Debt \$ _____

4. Other, please specify: _____

IV. Please explain the extenuation circumstances that necessitate applying for financial assistance. (if additional space is needed please add a sheet)

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V. SIGNATURE

I fully understand that the financial and extenuating circumstance outlined above will be kept confidential by the Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in financial status.

Applicant's Signature

Date

FOR OFFICE USE ONLY

GRAND TOTAL FINANCIAL RESOURCES	\$ _____
LESS EXTENUATING EXPENSES	\$ _____
ADJUSTED INCOME	\$ _____
FAMILY SIZE	_____
PARK DISTRICT	\$ _____
FAMILY CONTRIBUTION	\$ _____