



Genoa Township Park District Financial Assistance Program *Updated May 2023*

Application Procedure:

Those seeking financial assistance must complete the Financial Assistance Application Form and return it **at least two weeks prior** to the start of the program. The application will be individually reviewed, and the applicant will be notified of the decision within two weeks after receipt of completed application.

1. Complete the Financial Assistance Application.
2. Re-registration for specific program(s) each season is required. Do **not** submit another Financial Assistance Application, only a completed Genoa Township Park District registration form.
3. You may be asked to submit credit card information for future payments
4. Attach proof of residency (At least TWO documentations of the following):
 - Apartment lease / mortgage payment / rental agreement
 - Valid Driver's License
 - Utility bill
 - Current bank statement
 - Personal Check with **YOUR** address
5. Attach proof of income (submit as many as possible to support your need):
 - Federal Income Tax return from prior year (including W-2's from each wage earner)
 - Three (3) of the most recent pay stubs from **each** wage earner.
 - Illinois Public Aid Documentation (if applicable)
 - Subsidized Housing Documentation (if applicable)
 - Copies of bills/expenses causing hardship (if applicable)
 - Social Security Recipient Documentation (if applicable)
 - Unemployment Compensation Documentation (if applicable)
 - *Proof of Alimony/Child Support Payments (if applicable)

Applications cannot be considered without submission of supporting documents. Missing documentation may delay review of the application until all documents are received. The district may request additional documents deemed necessary.

6. Return your completed application to:
Genoa Township Park District, 400 E. Second St Genoa IL 60135, Attention: Paul Bafia, Executive Director.

Administration will review each application submitted and make the decision to grant or decline assistance. Applicants will be notified via call or email of the decision. Any partial payments for supply/contractual/program fees will need to be paid before registration can occur. Upon successful registration, a copy of the registration receipt will be emailed or given for applicant's records.

Eligibility/Policies:

1. Applicant may be an individual or a family and must reside within the Genoa Township Boundaries.
2. Eligibility is based on household size and pre-tax income. Other factors such as current participation in public aid, food stamp program, subsidized housing may also be considered in determining eligibility.
3. Proof of need for financial assistance must be demonstrated in order to qualify for financial assistance program. All information submitted is confidential and is not a matter of public record of the district.
4. All information on the application must be true and accurate. Financial assistance applications will be rendered void if submitted with false information. The district reserves the right to modify, revoke or verify Financial Assistance.
5. All awards are based on the need and availability of funds at the time of application. Applicants may receive up to \$300.00 per household per year and a 50% discount will be given for all eligible programs and pool/fitness center memberships.
6. The application needs to be completed **once** annually. Information on this form will only apply to that calendar year. If employment or income status changes during the year, the entire application process must be repeated. Granting of financial assistance does not insure continued approval for succeeding sessions/years.
7. Registrations for programs or classes made prior to receiving the scholarship will not be refunded regardless of when the class starts. No refunds for prior purchases.
8. Registration in requested programs is based on class availability.
9. Financial Assistance does not have a dollar value. Participants who cancel cannot receive a refund for the financial assistance part of the registration fee.
10. Financial aid will be granted or denied without regard to sex, race, creed, religion, handicap, or national origin.
11. By completing an Application, the Applicant (1) waives any claim to any right of privacy, and (2) authorizes representatives of the Genoa Township Park District to communicate with any organization or person listed in the Application and to verify any information provided in the Application.

Program Includes:

- General Recreation/Youth programs
- Senior Recreation programs
- Pool Seasonal Passes, not good towards daily pool passes
- Annual Fitness Center Memberships. Not good towards monthly payments.

Program Does NOT Include:

- Day Trips
- Team entry fees
- Programs with a fee under \$10.00.
- Contractual Programs, Ex; Karate, Ballroom Dance etc.
- Costs related to equipment/shoes/uniforms, etc.
- Room rentals, Field Rental, Birthday party packages
- Leagues



Financial Assistance Application Form

To be considered for financial assistance, this form must be filled out completely and submitted with the required documents. If submitted without the proper required documents, your application will be returned to you. Return completed application and required documents to Genoa Township Park District, Attn: Paul Bafia/Executive Director. 400 E. Second St Genoa, IL 60135

☐ **New Applicant** ☐ **Enrollment Renewal**

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Years/Months as Genoa Resident: _____ Years _____ Months Do You: Own _____ Rent _____

Home/Cell Phone: _____ Work Phone: _____

Email: _____

Marital Status (circle one): Single Married Divorced Separated Widowed

Date of Birth: ____/____/____ Gender _____ Pronouns _____

Number of Persons in Household: ____ Adults ____ Child(ren)

Household Members/Dependents:

First Name & Last Name (if different)	Relationship	Birth Date	Dependent Y/N	Age/Grade

Required documents to submit with application. Application will not be considered without proper documentation. Applicant is responsible for providing their own copies.

- ☐ Proof of identity (copy of driver's license, state ID or public aid ID)
- ☐ Proof of residence with your name listed (current lease, mortgage or utility bill)
- ☐ Copy of current years 1040 federal income tax return
- ☐ Proof of relation or guardianship of each minor (birth certificate or insurance card)

Additional documents you may submit to help determine financial assistance eligibility

- ☐ School Lunch Program (copy of approval letter)
- ☐ Unemployment or Disability benefits
- ☐ Public Aid (copy of documents) case # _____
- ☐ Social Services case worker contact # _____

I certify that the above information is true, correct and all income is reported. This information is being given to Genoa Township Park District as application for financial assistance only and will remain confidential. Park District officials may verify the information on the application and deliberate misrepresentation of the information will result in repayment of assistance, forfeiture of future assistance privileges and possible program participation.

Signature of Applicant _____

Date _____

Eligibility in all cases is based on the following gross household income guidelines:
(Income guidelines based on Illinois SNAP Program)

<u>Household Size</u>	<u>Annual Income</u>
1	\$22,428
2	\$30,204
3	\$38,016
4	\$45,792
5	\$53,568
6	\$61,380
7	\$69,156
For Each additional family member, add \$7,800	

(For office use only)

Date Received: _____

Residency Verification: _____

Application Approved: _____ Financial Assistance Amount Approved: \$ _____

Application Denied: _____ Reason for Denial: _____

Date Notified: ____/____/____ Method of Notification: _____

Executive Director: _____ Date: _____