DeKalb Parks Foundation

FINANCIAL ASSISTANCE PROGRAM

PURPOSE OF THE PROGRAM

The DeKalb Parks Foundation provides financial assistance to DeKalb residents who are interested in participating in DeKalb Park District programs and activities, but are unable to do so due to financial hardship. Financial assistance will be given to those who qualify based on eligibility requirements. The DeKalb Parks Foundation reserves the right to approve financial assistance or deny the applicant's request.

The maximum amount any participant will be award is 50%.

QUALIFICATIONS/LIMITATIONS FOR FINANCIAL ASSISTANCE

1. Financial assistance is available for most activities that are open to the general public and requires fees on individual registration use. Exceptions may include membership/season passes, trips, team fees, facility rentals, and contractual programs.
2. Reduced fees will be limited to an annual (calendar year) dollar value of $500.00 per family.
3. The participant's payment portion is due at the time of registration.
4. All registration policies and procedures apply to financial assistance applicants.
5. Household size and pre-tax income criteria will be used to determine initial eligibility for financial assistance. Other factors such as participation in public aid, food stamp program, subsidized housing, excessive medical bills, etc., will also be considered in determining eligibility and the amount of subsidy.

REQUIRED DOCUMENTATION

Applications cannot be considered without the following documents. The DeKalb Parks Foundation may required additional documents if deemed necessary.

- Proof of Residency (Copy of Driver's License, Voter Registration Card, Utility Bill, etc.)
- Copy of most recent Federal Income Tax Return
- Two recent pay stubs (current or prior month) for all household members and documentation for all additional sources of income (i.e. child support, alimony, unemployment benefits, etc.)

ADDITIONAL PROCEDURES

Those who are seeking financial assistance must complete a Financial Assistance Application. Completed applications and required documents may be dropped off at the Hopkins Park Community Center, e-mailed to accounting@dekalbparkdistrict.com, or mailed to DeKalb Parks Foundation, 1403 Sycamore Road, DeKalb, IL 60115.

ADDITIONAL PROCEDURES

After reviewing an applicant's application and financial documents, the DeKalb Parks Foundation will e-mail the applicant stating whether or not assistance has been granted. For those who qualify, the DeKalb Park District will also send instructions how, when, and where to register. The participant's portion or the registration fee (the amount not covered by the DeKalb Parks Foundation) must be submitted in order to complete registration.

DeKalb Parks Foundation

FINANCIAL ASSISTANCE APPLICATION

To be considered for financial assistance, this form must be filled out completely and submitted with the required documents. Email or return completed application, required documents, and registration form to accounting@dekalbparkdistrict.com, drop off, or mail them to: DeKalb Park District, 1403 Sycamore Road, DeKalb, IL 60115.

HEAD OF HOUSEHOLD INFORMATION (*Indicates a required field)

FIRST NAME:* _____ MIDDLE NAME: _____ LAST NAME: _____

STREET:* _____ CITY:* _____ STATE:* _____ ZIP:* _____

HOME NUMBER: _____ WORK NUMBER: _____

CELL NUMBER:* _____ ☐ I AGREE TO RECEIVE TEXT MESSAGES. CELL PHONE PROVIDER: _____

E-MAIL ADDRESS:* _____ GENDER:* _____

DATE OF BIRTH:* _____

PLEASE LIST EACH PARTICIPANT AND THE PROGRAM THAT PERSON WOULD LIKE TO RECEIVE FEE ASSISTANCE FOR:

Participant's First and Last Name*	Relationship to Participant*	Birthdate*	Requested Program*	Start Date	Activity Code

PLEASE LIST EACH HOUSEHOLD MEMBER AND ANY MONTHLY INCOME FOR THAT PERSON:

Household Member's First and Last Name*	Birthdate*	Gross Monthly Income from Employment	Monthly Income from Welfare, Child Support, Alimony (before deductions)	Monthly Income from Pensions, retirement, Social Security, etc.

HEAD OF HOUSEHOLD'S EMPLOYER: _____ JOB TITLE: _____

WORK ADDRESS: _____ WORK PHONE NUMBER: _____

SECONDARY HEAD OF HOUSEHOLD'S EMPLOYER: _____ JOB TITLE: _____

WORK ADDRESS: _____ WORK PHONE NUMBER: _____

(Continued on Reverse)

DeKalb Parks Foundation

FINANCIAL ASSISTANCE APPLICATION

PLEASE LIST AVERAGE MONTHLY EXPENSES FOR YOUR HOUSEHOLD FOR THE FOLLOWING ITEMS:

Expense	Amount	Expense	Amount
1. Mortgage/Rent		6. Utilities	
2. Insurance		7. Child Care	
3. Car Payment(s)		8. Food	
4. Other Loan Payments		9. Other	
5. Medical		10. Other	

PLEASE CHECK EACH TYPE OF ASSISTANCE YOU ARE CURRENTLY RECEIVING:

☐ PUBLIC AID

☐ FOOD STAMPS
IF YES, PROVIDE CASE NUMBER: _____

☐ SCHOOL LUNCH PROGRAM
IF YES, PROVIDE SCHOOL NAME: _____

☐ EXCESSIVE MEDICAL BILLS
IF YES, EXPLAIN: _____

SUBMIT WITH YOUR APPLICATION

- PROOF OF RESIDENCY (Copy of Driver's License, Voter Registration Card, Utility Bill, etc.)
- CHILD'S MEDICAL CARD
- COPY OF MOST RECENT FEDERAL INCOME TAX RETURN
- TWO RECENT PAY STUBS (CURRENT OR PRIOR MONTH) FOR ALL HOUSEHOLD MEMBERS AND DOCUMENTATION FOR ALL ADDITIONAL SOURCES OF INCOME (I.E. CHILD SUPPORT, ALIMONY, UNEMPLOYMENT BENEFITS, ETC.)

I certify that the above information is true, correct and all income and expenses are reported. This information is being given to the DeKalb Parks Foundation as application for financial assistant only and will remain confidential. The DeKalb Parks Foundation may verify the information on the application and deliberate misrepresentation of the information will result in forfeiture of future assistance privileges and possibly program activity participation.

_____ _____

SIGNATURE OF APPLICANT DATE