Dear Elmhurst Park District Resident:

Thank you for your interest in Elmhurst Park District programs and memberships. To make our programs and Courts Plus memberships available to all of our residents, regardless of their economic situation, a Financial Assistance Program is available to qualified residents.

Please review carefully the attached materials and please understand that:

1. The Park District recognizes that the personal information furnished by applicants for financial assistance is highly confidential and private. The Park District will not release this information without the applicant’s written permission unless such release is required by law.

2. Applicants will not be registered for programs that they are requesting assistance for until after a decision concerning the awarding of assistance has been completed.

3. All information which you provide on the attached form must be true and accurate.

4. All financial assistance must be repaid in full by the recipient if it is found to have been awarded on the basis of false information supplied by the applicant. False information will nullify any request for financial assistance.

5. All requests for financial assistance will be made on the basis of need and availability of funds. Types of assistance available include payment plans, partial assistance or full assistance (see following pages for more details, including limitations on assistance given).

6. Applicants will be notified as soon as practical as to the disposition of their application.

Please return the completed Financial Assistance Application Form with the required documents for verification of financial eligibility to one of the following locations:

- **Wagner Community Center**
  615 N West Ave
  Elmhurst, IL 60126

- **The Abbey Leisure Center**
  407 W St Charles Rd
  Elmhurst, IL 60126

- **Courts Plus Fitness Center**
  186 S West Ave
  Elmhurst, IL 60126

If you have any questions, I can be contacted at 993-8931, Monday through Friday between 9:00 a.m. and 4:00 p.m.

Sincerely,

Barbara Stembridge
Division Manager – Finance
ELMHURST PARK DISTRICT FINANCIAL ASSISTANCE PROGRAM

MISSION
We provide experiences for the lifetime enjoyment of people who live and play in Elmhurst. The park district will attempt to provide financial assistance for residents faced with financial hardship.

QUALIFICATIONS FOR FINANCIAL ASSISTANCE
All applicants must reside within the boundaries of the Elmhurst Park District. Evidence of need must be presented to qualify for financial assistance. Factors defining need include family pre-tax income level (see chart below) or an extenuating financial situation such as medical bills, or current participation in public aid, food stamps, school lunch or subsidized housing programs.

The following household size and pre-tax income criteria will be used for determining initial eligibility for financial assistance for recreation programs.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>889</td>
<td>445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>1,833</td>
<td>917</td>
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<tr>
<td>5</td>
<td>55,815</td>
<td>2,147</td>
<td>1,074</td>
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<tr>
<td>6</td>
<td>63,992</td>
<td>2,462</td>
<td>1,231</td>
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<tr>
<td>7</td>
<td>72,169</td>
<td>2,776</td>
<td>1,388</td>
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<tr>
<td>8</td>
<td>80,346</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>Each Additional Family Member</td>
<td>8,177</td>
<td>315</td>
<td>158</td>
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</tbody>
</table>

Income guidelines from the U.S. Department of Agriculture for the period July 1, 2019 through June 30, 2020

PROCEDURE
Persons requesting financial assistance must complete the “Financial Assistance Application Form” and submit it along with a completed “Elmhurst Park District Program Application Form, “Courts Plus Membership” and/or “Program Application Form” and documents required for verification of financial eligibility to one of the following locations:

Wagner Community Center
615 N West Ave
Elmhurst, IL 60126

The Abbey Leisure Center
407 W St Charles Rd
Elmhurst, IL 60126

Courts Plus Fitness Center
186 S West Ave
Elmhurst, IL 60126
Applications will be individually reviewed and evaluated. Applicants will be notified of the decision as soon as practical after submission of their completed forms.

LIMITS ON FINANCIAL ASSISTANCE

1. Financial assistance is available for Courts Plus membership, Courts Plus programs and recreation programs, except for massages, personal training, tennis private lessons, court time, merchandise and contractual programs such as Karate, Tai Chi, trips, Kaleidoscope classes, etc).

2. Applicants will not be registered for programs that they are requesting assistance for until after a decision concerning the awarding of assistance has been completed.

3. If financial assistance is awarded, applicants must then follow regular Courts Plus and Elmhurst Park District registration procedures.

4. Financial assistance is limited to:
   
   **Option A: Courts Plus and Recreational Programs**
   - A maximum of $150 per person / per season
   - Can be applied to most Elmhurst Park District programs including Courts Plus programs and Summer Outdoor Pool Passes. Assistance will not be applied to contractual programs. (Examples: trips, Lake View Nature Center classes)
   - Applications must be resubmitted each season unless notified otherwise.
     *(fall: September - December; winter: January - March; spring: April – May; summer: June - August)*

   **Option B: Sunbeams & Rainbows / Kindergarten Kapers**
   - A maximum of $450 per person / per school year.
   - Applicants need only submit one application for the school year.
   - No other assistance will be granted for the registrant during the school year.

   **Option C: Recreation Station**
   - A maximum of $900 per person / per school year.
   - Applicants need only submit one application for the school year.
   - No other assistance will be granted for the registrant during the school year.

   **Option D: Summer Camps**
   - A maximum of $300 per person / per Summer
   - Assistance is applied to Summer Camps only.
   - No other assistance will be granted for the registrant during the summer.

   **Option E: Courts Plus Membership (Can be combined with Options A, B, C or D)**
   - A maximum of fifty percent (50%) of cost of one-year membership per membership
   - Applications must be resubmitted each year.

5. Applicants are responsible for all remaining fees after assistance is applied.
VERIFICATION OF HOUSEHOLD INCOME

Verification of household income documentation is required and must show the following:

- the amount of income received;
- the name of the person who received it;
- the date the income was received; and
- how often the income is received (specify the pay period)

Examples of the papers you may send to show your current household income:

**Earnings/ Wages/ Salary for each job:** (1040 federal tax return form / Current paycheck stubs with pay period specified for each wage earner.)

**Unemployment compensation / Disability:** (Notice of eligibility from State Employment Security Office/ Check stub)

**No Income:** If your household has no income, send a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income.

APPLICATION GUIDELINES

1. The Park District recognizes that the personal information furnished by applicants for financial assistance is highly confidential and private. The Park District will not release this information without the applicant’s written permission unless such release is required by law.

2. All information on the application must be true and accurate. Financial assistance must be repaid in full by the recipient if awarded and paid on the basis of false information supplied by the applicant and will nullify your request for financial assistance from the Park District.

3. All financial assistance will be awarded on the basis of need and the availability of funds. The Elmhurst Park District reserves the right to approve full or partial funding or to deny an applicant’s request.

4. All requests for financial assistance will be evaluated by the Division Manager Finance.

5. Requests for financial assistance will not be considered without submission of written documentation (examples: 1040 federal tax returns, W-2 forms, school/social service agency information, etc.).

6. Applications must be submitted for each year for membership and each season for programs along with the appropriate membership application and / or program registration forms. Granting of financial assistance does not insure continued approval for succeeding seasons.
FINANCIAL ASSISTANCE APPLICATION

Applicant Information

Last Name: ________________________________ First Name: ______________________________
Address: __________________________________ City: _________________ Zip Code: ________
Phone: __________________________ E-mail: _________________________________________

People in Household

Number of people living in household: Adults: _____ Children: ______

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date Of Birth</th>
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</table>

Person Completing Application

Last Name: ________________________________ First Name: ______________________________
Address: __________________________________ City: _________________ Zip Code: ________
Phone: __________________________ E-mail: _________________________________________
Relationship to Participant(s): _________________________________

Household Income Information

1st Adult: Annual Pre-Tax Salary: ____________ Other Annual Pre-Tax Income: __________
2nd Adult: Annual Pre-Tax Salary: ____________ Other Annual Pre-Tax Income: __________
* Verification of household income is required. (EX: 1040 Federal Tax Return Form/ Current Paycheck Stub w/ pay period)

No income: If your household has no income, a brief note explaining how you provide food, clothing, and housing for your household and when you expect an income is required.

Please check all items applicable to this household and include verification paperwork:

- Public Aid: *Copy of Public Aid Card or letter required Public Aid Number: ____________
- Food Stamps: *Verification Letter required Case Number: ____________
- School Lunch Program: *Verification Letter required School Attending: ____________
- Subsidized Housing: *Verification Letter required
- Explanation of other financial difficulties (documentation required): _________________________________

____________________________________________________________________________________
Type of Assistance Requesting

Option A: Courts Plus and Recreational Programs
- A maximum of $150 per person / per season
- Can be applied to most Elmhurst Park District programs including Courts
- Plus programs and Summer Outdoor Pool Passes. Assistance will not be applied to contractual programs. (Examples: trips, Lake View Nature Center classes)
- Applications must be resubmitted each season unless notified otherwise.
  (fall: September - December; winter: January - March; spring: April – May; summer: June - August)

Option B: Sunbeams & Rainbows / Kindergarten Kapers
- A maximum of $450 per person / per school year.
- Applicants need only submit one application for the school year.
- No other assistance will be granted for the registrant during the school year.

Option C: Recreation Station
- A maximum of $900 per person / per school year. ($100 per month throughout the school year)
- Applicants need only submit one application for the school year.
- No other assistance will be granted for the registrant during the school year.

Option D: Summer Camps
- A maximum of $300 per person / per summer. ($30 per week throughout the summer)
- Assistance is applied to Summer Camps only.
- No other assistance will be granted for the registrant during the summer.

Option E: Courts Plus Membership (Can be combined with Options A, B, C or D)
- A maximum of fifty percent (50%) of cost of one-year membership per membership
- Applications must be resubmitted each year.

<table>
<thead>
<tr>
<th>Participant Information</th>
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<tr>
<td>Last Name</td>
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| An “Elmhurst Park District Program Application Form” for the requested programs must be completed and submitted along with this application.
References

At least two references (i.e. social service agencies, schools, employers) must be provided and permission given below for them to supply the Elmhurst Park District with information regarding the applicant’s financial need.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Phone</th>
<th>Title</th>
<th>Relation to Applicant</th>
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I certify that the above information is true and correct and understand that its accuracy may be verified. I agree to repay, in full, any financial assistance awarded based upon falsified information. I also give my permission for the references listed above to be contacted to supply the Elmhurst Park District with information regarding financial need.

____________________________________________      _______________
Signature of Person Completing Application                      Date

This form must be completed and attached to a completed “Program Application Form” form and submitted to the Elmhurst Park District at either of the below locations.

Wagner Community Center  
615 N West Ave  
Elmhurst, IL 60126

The Abbey Leisure Center  
407 W St Charles Rd  
Elmhurst, IL 60126

Courts Plus Fitness Center  
186 S West Ave  
Elmhurst, IL 60126

Upon verification of information supplied on this form, applicant will be notified as to the disposition of their request.

For Office Use Only

Date Application received by District: _____________  
Date Application received by Finance: _____________

Result of Verification of References and Documentation:

- Financial Assistance Awarded:
  - Partial Award or Payment Plan Details ______________________________________________________
  - Full Award Details ________________________________________________________________
  - Resubmission Terms ___________________________________________________________

- Financial Assistance Denied:
  - Exceeds income limits
  - Incomplete application
  - Balance due on household ______________

Letter added to household: ________ Letter mailed to applicant: ________ Division Managers Emailed: ________

(Div Mgr Memberships & Div Mgr Registration)

_____________________________________
Signature of Division Manager - Finance