



FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION (Please print)

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ E-mail _____

Birthdate ____ / ____ / ____

FAMILY MEMBERS LIVING AT RESIDENCE (Please print)

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

First & Last Name _____ Birthdate ____ / ____ / ____ Gender _____

Have you received assistance before? No _____ Yes _____ If yes, what year _____

Please list special circumstances not mentioned elsewhere on this form which you feel we should be made aware of when considering your application.

(Complete Back Side)

DOCUMENTATION OF INCOME

The Prospect Heights Park District requires that applicants provide the requested information so that we can provide financial assistance in a fair and consistent manner across all applicants.

What is the total annual income for your entire household? \$ _____

What does this include? _____ Wages _____ Govt. Support _____ Child Support _____ Other

Please attach copies of the following items as proof of income:

- Federal Income Tax return (Form 1040, 1040a, 1040ez): Each applicant will need to bring a current tax return showing total household income, including all adults in the household.

If a federal tax return is not available, the applicant needs to provide the relevant documents from list below:

1. Social Security Benefit Statement
2. Earned Income Statement from Social Security
3. Disability or Pension Benefit Document (1099R)
4. 401(k) or 403(b) Retirement distribution statement (1099R)
5. Pay stubs (current month (4 weeks) documentation)
6. Unemployment checks (current month (4 weeks) documentation)
7. Child support or alimony (court order of payment receipts)
8. SNAP Benefit
- 9 Section 8 Housing Statement/Housing Assistance

ADDITIONAL INFORMATION

- ***Return a completed Prospect Heights Park Registration Form along with this completed Financial Assistance Application Form.***
- Allow 7-10 business days for Financial Assistance Application to be reviewed.
- Qualifying for financial assistance does not guarantee enrollment in program.
- Please return form to:

Prospect Heights Park District
110 W. Camp McDonald Rd.
Prospect Heights, IL 60070
ATTN: Superintendent of Recreation

I certify I reside within the boundaries of the Prospect Heights Park District and the above information is true and correct. I understand information is being provided to the Prospect Heights Park District as application for recreation programs financial assistance only and will remain confidential. I understand all requests for financial assistance will be evaluated by Park District officials and granted on the basis of need and available funds. Park District officials may verify information on the application.

Signature of applicant

Date