



## Request for Financial Assistance Application

The Bartlett Park District recognizes that families and individuals, due to circumstances beyond their control, can experience severe financial problems. For this reason the Resident Financial Aid Program was created, enabling residents to participate in recreational programs at a reduced fee.

*The Resident Financial Aid Program is made available, in part, through a funding partnership with the Bartlett Parks Foundation.*

### Family Information

Date of Request: \_\_\_\_\_

Family Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Please list all family members living at your residence that you support:**

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

### **Marital Status:**

Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Abandoned \_\_\_ Single \_\_\_

### **Employment Information**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Income: \_\_\_\_\_

### **(Spouse or Secondary Job)**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Have you participated in this program before? Yes \_\_\_ No \_\_\_ If yes, what year? \_\_\_\_\_

### Financial Information

Monthly Net Income: \$ \_\_\_\_\_

### **Please indicate other forms of assistance you are currently receiving including family help, gifts or loans.**

Alimony: \$ \_\_\_\_\_ Housing Assistance: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_ School Lunch Program: (circle One) Free Reduced

Social Security: \$ \_\_\_\_\_ Disability Payments: \$ \_\_\_\_\_

General Assistance: \$ \_\_\_\_\_ Rent/Mortgage Assistance: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_ Utility Assistance: \$ \_\_\_\_\_

Other Government Aid: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**Monthly Net Expenses**

Mortgage/Rent: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_  
Gas: \$ \_\_\_\_\_ Water: \$ \_\_\_\_\_  
Phone: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_  
Food: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
Loan Payments: \$ \_\_\_\_\_

Would a payment plan be helpful? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

**Document Checklist**

Documented Proof that:

The household meets the poverty-level standards defined by Health and Human Services (**produce prior-year tax returns with social security numbers eliminated for all household members providing financial support**); or

\_\_\_\_\_ The household receives food stamps, general assistance, disability assistance, or other prequalified government aid; or

\_\_\_\_\_ The household falls within the State of Illinois eligibility guidelines for low-income families; or

\_\_\_\_\_ One of the household’s principal providers is actively serving in the military.

\_\_\_\_\_ Photocopy (not original) of participant(s)' (under 18 years) birth certificate (s)

\_\_\_\_\_ Completed Bartlett Park District Program Registration Form

\_\_\_\_\_ Legal documents regarding divorce/court orders or support arrangements

**Special Notes:**

- Be sure all questions have been answered and all necessary documentation is provided. Incomplete applications or lack of documentation will result in delays and/or rejections of applications.
- **Please allow seven business days for the application to be reviewed.**
- Qualifying for Financial Assistance is not a guarantee that the program request attached will be honored.

**Return form to:** Bartlett Park District      ATTN: Office Manager  
700 South Bartlett Road, Bartlett, IL 60103

Please call 630-540-4865 with any questions

I certify that I reside within the boundaries of the Bartlett Park District and the above information is true, correct, and all income and expenses are reported, I understand information is being provided to Bartlett Park District as application for recreational 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 the availability of funds. Park District officials may verify information on the application. Deliberate misrepresentation of the information may result in reimbursement to the Bartlett Park District of financial assistance provided and/or forfeiture of future assistance and possible program participation.

Signature of applicant or parent/guardian

Date