



# WOOD DALE PARK DISTRICT

**Active Places. Friendly Faces.**

## APPLICATION FOR FINANCIAL ASSISTANCE PROGRAM

Carefully review and follow the attached guidelines prior to completing the application. To be considered, application must be completed in its entirety and signed by the requesting party. Return this application to the Wood Dale Park District Recreation Complex, 111 East Foster Rd. **This is open to Residents of the Wood Dale Park District only.**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

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

Housing Status: (select one)  Homeowner  Rent  Living with Family/Friends  
 Other (please describe) \_\_\_\_\_

**Please list names and ages of all dependents in the household including spouse/partner:**

*Dependent's First Name	Dependent's Last Name	Date of Birth	Grade	Relationship to Applicant
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

*\*Dependents must be legally defined as such*

Program(s) applied for: **(please attach registration form)**

Costs of Program (s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount or percentage approved: \_\_\_\_\_



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### Document Verification

Copies of the following **MUST** be attached/included with this application:

### Residency (if not currently in our system):

Choose One: **Option A or B**

Option A: (please select one item below)	Option B: (please select one item below for adults and one for children)
<input type="checkbox"/> Valid Driver's License with WDPD address <input type="checkbox"/> Valid State -issued ID with WDPD address <input type="checkbox"/> Personal Check	<input type="checkbox"/> Tax Bill <input type="checkbox"/> Lease agreement <input type="checkbox"/> Utility Bill (phone, gas, electric) <input type="checkbox"/> School Report card (for children) <input type="checkbox"/> School Photo ID (for children) <input type="checkbox"/> Dr's bill with WD address and name (for children)

### Income Verification

Choose Option A or B

<input type="checkbox"/> Option A (please select one item below)	<input type="checkbox"/> Option B
<input type="checkbox"/> Copy of letter approving eligibility for food stamps List each child's food stamp or AFDC case number, if applicable:  <input type="checkbox"/> Copy of letter approving eligibility for School District free lunch/milk program, if applicable	Proof of current participation in State or Public Aid  Most recent SNAP/TANF award letter (Note: All dependents listed on page one of this application must also be listed on SNAP/TANF award letter)

Provide all available documents listed below in this column:

Please select one item below for additional income:

<input type="checkbox"/> Recent payroll stub and employer's name, address and phone <input type="checkbox"/> Previous year's tax return (form 1040 w/ supporting attachments and W-2) Children must be listed as dependents. Adjusted Gross Income: _____	<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Other Sources of Income Monthly Total Income from above: _____
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### **Special Circumstances (documentation of excessive medical bills or other reason for financial burden)**

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I certify that all of the above is true and correct and that all income is reported. I understand that this information is being given for the Wood Dale Park District Financial Assistance Program; that officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws and/or revocation of scholarship/aid program and may nullify future applications for financial assistance

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:** Monthly Total Income \$ \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: Income too high \_\_\_\_\_ Incomplete Application \_\_\_\_\_ Other \_\_\_\_\_

Approval by Director of Recreation \_\_\_\_\_ Date \_\_\_\_\_