WOOD DALE PARK DISTRICT
Active Places. Friendly Faces.

WOOD DALE PARK DISTRICT
FINANCIAL ASSISTANCE PROGRAM
(Revised August 2026)

The purpose of the Wood Dale Park District's Financial Assistance Program is to give residents that are faced with financial hardship the opportunity to participate in a recreational program at a reduced rate. To be considered for financial assistance, residents must fill out our application and include all supporting documentation.

QUALIFICATIONS FOR ASSISTANCE

- The Financial Assistance Program is available to residents with their primary residence within Wood Dale Park District boundaries. Proof of residency is required.
- Evidence of financial need must be demonstrated. Factors defining need include household size, family income, or an extenuating financial situation such as excessive medical bills or job loss.
- Assistance is awarded to applicants and dependent household members only.

The Department of Agriculture Income Eligibility guidelines for Reduced-Price meals will be used to determine eligibility for Park District financial assistance. This is household income. The figures below are for the period July 1, 2026, through June 30, 2027. These guidelines are revised on an annual basis.

Household Size	Annual Salary	Monthly Salary	Weekly
1	29,526	2,461	568
2	40,034	3,337	770
3	50,542	4,212	972
4	61,050	5,088	1,175
5	71,558	5,964	1,377
6	82,066	6,839	1,579
7	92,574	7,715	1,781
8	103,082	8,591	1,983
Each Additional Family Member	+10,508	+ 876	+203

PROCEDURE

Residents requesting financial assistance must complete the application with all required documentation and submit it to the Recreation Complex located at 111 E. Foster Ave.

Applications must be submitted at least two weeks prior to the start of the program. Applications will be individually reviewed and evaluated by the Director of Recreation Services. Applicants will be notified of the staff's decision within five working days of submission.

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FINANCIAL ASSISTANCE REQUIREMENTS & LIMITATIONS

- Assistance is not available for trips, golf, contractual programs, one day programs, special events, merchandise, memberships, food, or rentals. Other exclusions may apply.
- Assistance will be limited to up to 50% of the registration fees for one program per person per season. Priority will be given to those requesting assistance with childcare and those who have never received funds previously.
- If assistance is being requested for Extended School or Rainbow Playschool, those are considered year-round programs, and no other programs will be eligible for a discount for the same child during that program operation.
- Need and availability of funds will determine approval. The park district reserves the right to deny application funding for any reason.
- Failure of the applicant to pay their portion of the program fee will result in removal from the program and may nullify any requests for funds in the future.

APPLICATION GUIDELINES

- Applications must be submitted at least two weeks prior to the start of the program.
- All information submitted is confidential and is not a matter of public record.
- All information on the application must be true and accurate. Funds are legally recoverable if awarded based on false information supplied by applicant and may nullify any requests for funds in the future.
- Applications and support documents must be submitted for each season. Granting financial assistance funds does not ensure continued approval for succeeding seasons.
- Financial documentation must be included for ALL ADULTS living in your household.
- Please return the completed Financial Assistance Program Form with all required documents to the Recreation Complex located at 111 E. Foster Ave.

After reviewing the application and financial documents, Wood Dale Park District will email the application stating whether or not assistance has been granted. For those who qualify, the Wood Dale Park District will also send instructions on the next steps for registration. The participant's portion of the registration fee (amount not covered by financial assistance) must be submitted to complete registration.

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FINANCIAL ASSISTANCE PROGRAM 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 E. Foster Ave. *This is open to Residents of the Wood Dale Park District only.*

Applicant Information

First Name: _____Last Name: _____ DOB _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Adjusted Gross Annual Income: _____ Are there dual incomes in the household? _____

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

Housing Status: (select one) ☐ Homeowner ☐ Rent ☐ Living with Family/Friends

☐ Other (please describe) _____

People in Household

Please list each household member, including dependents and spouse/partner. Dependents must be legally defined as such. Must reside at the same address and listed on Federal Tax return to be considered a member of your household for Park District Financial Assistance.

Last Name	First Name	DOB	Annual Pre-Tax Income (for adults, keep blank for dependents)	Relationship to Applicant

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Program(s) Interested In (Please attach registration form(s))

		OFFICE USE ONLY	
Program Name	**Cost of Program**	**Financial Assistance Coverage Approved**	**Out of Pocket Fee**

Document Verification

Copies of the following MUST be attached/included with this application. Include financial documentation for ALL ADULTS living in your household.

☐ Proof of residency (copy of driver's license, state ID, deed, lease, or household utility bill)

☐ Copy of recent Federal Income Tax Return (Children must be listed as dependents)

☐ Copy of W2(s), two most recent pay stubs, or UI Benefit Approval

☐ Copy of SNAP, Food Stamp Benefits Approval, Disability Approval documents if applicable

☐ Copy of Child Support/Alimony court documents if applicable

☐ Other benefits/sources of income (Please explain)_____

☐ Special Circumstances such as excessive medical bills or other reason for financial burden (Please explain)

_____

_____

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 aid program and may nullify future applications for financial assistance

_____ _____
Signature of Applicant Date

OFFICE USE ONLY
Approved: _____ Amount Approved:_____ Denied: _____ Reason for Denial: _____

Approval by Director of Recreation Services: _____ Date: _____