



ADMINISTRATION & RECREATION CENTER

1925 OHIO STREET | Lisle, IL 60532

PHONE: 630.964.3410 | FAX: 630.964.7448

TDD: 1.800.526.0857

WWW.LISLEPARKDISTRICT.ORG

LISLE PARTNERS FOR PARKS FOUNDATION AND LISLE PARK DISTRICT FINANCIAL ASSISTANCE POLICY and Waiver of Program Fees

- The Lisle Partners for Parks Foundation supports the Mission of the Lisle Park District and recognizes the need within the community to provide assistance for the families who otherwise could not afford to participate in Recreation programs. This Financial Assistance program is funded by the Lisle Partners for Parks Foundation.
- Income eligibility for the Lisle Park District's Waiver of Program Fees is based on the US Department of Health and Human Services 2020 Poverty Guidelines.
- The Waiver of Program Fees is available to Lisle Park District residents only.
- An applicant must supply the Lisle Park District with documentation of any forms of income he or she is currently receiving – i.e. recent pay stub, AFDC case #, a copy of a recent IRS 1040 form, etc.
- A Waiver of Program Fees may be issued for 6 months, but the applicant must reapply at the end of the time frame granted in order to continue participation in the program.
- Each eligible individual may apply the fee waiver to register for any Park District program with a limit of \$750 per year for up to a family of four, with additional funding of \$190 per year for each additional child.
- Funding is subject to availability of Funds.
- All Park District programs are eligible for the Financial Assistance Program.
- Please allow 7 days for review of this application. Lisle Park District reserves the right to approve partial funding or deny an applicant's request.
- All information on the application must be true and accurate. Applicants are required to submit the attached affidavit verifying all information submitted is accurate. Scholarships are legally recoverable if paid and awarded on the basis of false information supplied by the applicant and will nullify any request for waiver of program fees. Any falsified application will be the subject of prosecution to the fullest extent of the law.
- All information is confidential and not a matter of public record.

2020 HHS Poverty Guidelines

Size of Family Unit	Annual Income
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For each additional person, add	\$4,480



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LISLE PARTNERS FOR PARKS FOUNDATION AND LISLE PARK DISTRICT FINANCIAL ASSISTANCE and Waiver of Program fees APPLICATION FORM

Instructions:

1. Complete this application in its entirety
2. Attach proof of residency
3. Include documentation (i.e. recent pay stub, AFDC case #, Copy of recent IRS 1040 form)
4. Complete program registration form and attach to application
5. If you have any questions please contact Jon Pratscher, Superintendent of Recreation at (630) 964-3410 or jpratscher@lisleparkdistrict.org.

Submit To:

Lisle Park District
1925 Ohio St.
Lisle, Illinois 60532

Limit of \$750 per year for up to a family of four, with additional funding of \$190 per year for each additional child.

Please print:

Your name: _____

Home address: _____

City: _____ Zip: _____

Home phone: _____ Work phone: _____

E-Mail: _____

Check one:

☐ Parent

☐ Legal guardian

List all persons living in your home for which you provide support:

Dependent's first and last name	Age	Relationship to applicant

	No	Yes	
Do you receive food stamps or AFDC?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month
Do you receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month
Do you receive social security benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month
Do you have savings/investment accounts?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month
Are you in the school free lunch program?	<input type="checkbox"/>	<input type="checkbox"/>	School District _____
			School attending _____
Do you receive housing subsidization?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month
Do you receive child support?	<input type="checkbox"/>	<input type="checkbox"/>	\$_____/month

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Please list all other sources of income received by all household members (before deduction)

Name of House member	Name of aid agency Or place of employment	Address/phone number of agency or employer	\$ amount/month

Please explain any special medical (or comparable) situation that is causing financial hardship:

Supply at least two references (i.e. social services agencies, schools, employers, physicians.) Information must be provided in its entirety and permission granted in order for these contacts to supply the Lisle Park District with the necessary details regarding the applicant's need. Failure to do so will result in denial of partial waiver of fees.

Agency Name	Street Address	City	Zip	Phone	Contact Name

CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS

By signing this form, I hereby certify, represent, warrant and affirm, under penalties of perjury that all information on this form, and any additional supporting documents or information submitted with this form, is true, correct, and complete to the best of my knowledge.

Signature of Applicant

Date**NOTICE TO FINANCIAL ASSISTANCE APPLICANTS: CRIMINAL AND CIVIL PENALTIES FOR FALSE STATEMENTS:**

Knowingly making a false statement on this form, or knowingly submitting false information or falsified documents in connection with this form, is a violation of state law and could result in criminal prosecution under 720 ILCS 5/17-6 by imprisonment of not more than three years and/or a fine of not more than \$25,000. Additionally, false statements can lead to treble damages and civil penalties under the Illinois False claims act, 740 ILCS 175/1 et seq.

The Lisle Partners for Parks Foundation would appreciate your acknowledgement of this gift.



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Office Use Only:

____ Approved for \$ ____

____ Decline (must give reason) _____

Applicant notified verbally or by mail on ____/____/____

Signature of Lisle Park District representative

Date

Sent to Lisa Leone, Lisle Partners for Parks Foundation for payment _____
Date