



2401 South DesPlaines Avenue
 North Riverside, IL 60546
 Phone: (708) 442-5515
www.northriverside-il.org



Financial Assistance Application

- Financial assistance is available to North Riverside residents only. Applicants must be a North Riverside resident for one year prior to applying for financial assistance.
- Income eligibility is based on the US Department of Health and Human Services Poverty Guidelines.
- Applicants must supply the Village with documentation of any forms of income they are currently receiving – i.e. recent pay stub, copy of recent IRS 1040 form, etc.
- Funding is subject to availability of funds.
- Funds are available on a first come, first served basis until all funding has been issued.
- Financial Assistance is not available for certain programs or fees including trips, facility rentals, required equipment, etc.
- The Village will have up to ten days to review applications. The Village will have the right to approve partial funding or deny an applicant’s request. Applicants will be notified by a letter or email.
- Applicants must satisfy all past due/outstanding balances before their application may be considered.

Instructions:

1. Complete this application in its entirety
2. Attach proof of residency
3. Include proof of income documentation (i.e. recent pay stub, recent IRS 1040 form)
4. Complete program registration form and attach to application

Submit to: Village of North Riverside Parks & Recreation
 2401 S. Des Plaines Ave.
 North Riverside, IL 60546

Your Name: _____ Parent: _____ Legal Guardian: _____

Home Address: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

Dependent’s first & last name	Age	Relationship to applicant

Do you receive food stamps or AFDC? No Yes \$_____/month
 Do you receive unemployment benefits? No Yes \$_____/month
 Do you receive social security benefits? No Yes \$_____/month
 Are you in the school free lunch program? School District: _____
 Do you receive housing subsidization? No Yes \$_____/month
 Do you receive child support? No Yes \$_____/month

Please list all other sources of income: _____

Are you currently employed? Yes____ No____

Current year's total projected household income from all sources: _____

Please explain any special circumstances for consideration: _____

By signing this form, I hereby certify that all information on the application is true and accurate. Financial assistance is legally recoverable if paid and awarded based on false information supplied by the applicant. The submission of false information will nullify any request for waiver of program fees.

Signature of Applicant

Date

Office Use Only:

____ Approved for \$ _____

____ Declined (reason) _____

Applicant notified on _____