

North Liberty Recreation Department

Financial Assistance Information

For City of North Liberty Residents Only:

This is an application form for financial aid for programs and packages of the North Liberty Recreation Center for city of North Liberty residents only. City of North Liberty residents are individuals that reside within the City of North Liberty boundaries.

Name of Applicant: _____

Street Address: _____ City: North Liberty State: Iowa

Primary Phone: _____ Home Cell E-mail Address: _____

Preferred language for communication (if other than English): _____

Total # of Household Members: _____ Single Adult Single Adult w/child(ren) 2 Adults w/child(ren) 2 Adults-no children

Household Members (including applicant)

	First and Last Name	Date of Birth		First and Last Name	Date of Birth
1			5		
2			6		
3			7		
4			8		

First Name	Income Sources*	How Often Paid

I'd like to receive more information about HACAP Programs:

- Health and Nutrition (Food Resources, WIC)
- Energy Conservation (Weatherization, Utilities)
- Early Head Start/Head Start (for children 0-5)
- Affordable Housing
- Veteran Services

I give permission to HACAP and North Liberty Recreation to share necessary information to process this application. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application. I consent to receiving additional information about HACAP programs.

Applicant Signature: _____ Date: _____

*Applicant MUST provide proof of income (for all household members age 18 and over). Depending upon your household income type, income documentation from the past 30 days, the last 12 months, or last calendar year, whichever is easier or more beneficial to you.

Wage Earners: provide copies of your check stubs for the 30-day period preceding the date of application, or a copy of your most recent federal income tax return.

Fixed Income: this income may include Social Security Benefits, Supplemental Security Income, Veteran's Assistance, Unemployment Insurance, and pensions. Provide copies of your check stubs from the previous 30 days.

Self-Employed/Farmers: provide a copy of your most recent federal income tax return.

HACAP Certification: I certify that the above household is at or below the established income guidelines.	
Income:	Copay Amount:
HACAP Employee:	HACAP Employee Title:
HACAP Employee Signature:	Date Certified:

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Financial Assistance Policy:

It is the policy of the North Liberty Parks and Recreation Board to provide services to all city of North Liberty residents who need it regardless of their ability to pay the established fees. Those unable to pay a fee may be awarded assistance. The amount of assistance provided to an individual or family will be based on their documented ability to pay the amount requested.

Eligibility:

Assistance will be granted on the basis of financial need. Eligibility criteria is based on the Low Income Home Energy Assistance Program. HACAP has agreed to act as a certifying agency in determining qualification for this program.

Application Process:

1. Financial Assistance Forms are available at the North Liberty Recreation Center, 520 W. Cherry Street.
2. Forms must be completed thoroughly and accurately and income information must be provided.
3. Completed forms and necessary income information may be turned in to the North Liberty Recreation Department, any HACAP office or drop box, or emailed to info@hacap.org. All request forms will be kept confidential.
4. HACAP staff will determine eligibility for North Liberty Recreation Department Financial Assistance and additional HACAP assistance. HACAP staff will contact the applicant directly if additional information is needed.
5. The City of North Liberty Scholarship Program has a predetermined amount of money set aside each year. Once this amount is reached additional financial assistance is not guaranteed.

Eligibility and percent of fee to be paid is based on Federal Poverty Guidelines and families are eligible at 200% and less.

Gross Annual Income	Family Size								PERCENT OF FEE TO BE PAID BY FAMILY
	1	2	3	4	5	6	7	8	
0-\$29,160	0%	0%	0%	0%	0%	0%	0%	0%	
\$29,161-\$39,440	25%	0%	0%	0%	0%	0%	0%	0%	
\$39,441-\$49,720	50%	25%	0%	0%	0%	0%	0%	0%	
\$49,721-\$60,000	75%	50%	25%	0%	0%	0%	0%	0%	
\$60,001-\$70,280	100%	75%	50%	25%	0%	0%	0%	0%	
\$70,281-\$80,560	100%	100%	75%	50%	25%	0%	0%	0%	
\$80,561-\$90,840	100%	100%	100%	75%	50%	25%	0%	0%	
\$90,841-\$101,120	100%	100%	100%	100%	75%	50%	25%	0%	
	PERCENT OF FEE TO BE PAID BY FAMILY								