

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.

Financial Assistance Policy:

It is the policy of the North Liberty Parks & Recreation Board to provide service 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 Request Forms are available at the North Liberty Recreation Center, 520 W. Cherry Street.
2. Forms must be completed thoroughly and accurately.
3. Completed forms must be turned in to the Hawkeye Area Community Action Program (HACAP) office for certification. HACAP Office is located at 2007 Waterfront Dr., Iowa City, IA 52240. You must qualify through the Low Income Home Energy Assistance Program each calendar year.
4. Applicants may take this form directly to the HACAP Office or the Recreation Department will take completed requests once a week to the HACAP Office for certification. Approval process may take up to two weeks.
5. Upon certification, forms need to be delivered back to the North Liberty Recreation Center to complete transaction. All request forms will be kept confidential.
6. 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.
7. Eligibility criteria will then be plugged into the chart below to determine percent of fee to be paid. This chart is used by the Iowa City Community School District for their school lunch program. USDA 2018/19 Free Meals - Guidelines.

Family Assistance Program

Gross Annual Income	Gross Monthly Income	Family Size	1	2	3	4	5	6	7	8
0-\$22,459	0-\$1,872		Free	Free	Free	Free	Free	Free	Free	Free
\$22,460-\$30,450	\$1,873-\$2,537		40%	40%	15%	15%	15%	15%	15%	15%
\$30,451-\$38,442	\$2,538-\$3,203	Percent Of Fee To Be Paid	80%	80%	25%	15%	15%	15%	15%	15%
\$30,443-\$46,434	\$3,204-\$3,869		100%	100%	50%	25%	15%	15%	15%	15%
\$46,435-\$54,426	\$3,870-\$4,535		100%	100%	80%	50%	25%	25%	15%	15%
\$54,427-\$62,418	\$4,536-\$5,201		100%	100%	100%	80%	50%	25%	25%	15%
\$62,419-\$70,410	\$5,202-\$5,867		100%	100%	100%	100%	80%	50%	25%	25%
\$70,411-\$78,402	\$5,868-\$6,533		100%	100%	100%	100%	100%	80%	50%	25%
\$78,403 and above	\$6,534 and above		100%	100%	100%	100%	100%	100%	100%	100%

- Based on Income of Household and certification by HACAP Low Income Home Energy Assistance Program.
- Percent of Fee to be paid.
- Fees will be rounded to nearest \$.25.
- If your household income and/or family size does not fall into the above chart, and you feel you should be considered for financial assistance, contact the North Liberty Recreation Department, 626-5716, to set up an appointment to discuss your needs.

North Liberty Recreation Department



Financial Assistance Request Form

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Please list Eligible Individuals/Family Members in chart below:

Adult Name (First, MI, Last)	Gender (M / F)	Date of Birth	
1)			
2)			
Children's Names (First, MI, Last)			
1)			
2)			
3)			
4)			
5)			
6)			

Number of Eligible Family Members: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

All names listed above are immediate family members living in the same household. Children must be under 21 years of age.

Signature Required: _____ Date: _____

This form is void if altered after HACAP certification.

HACAP Certification:

I certify that the above individual/family is at or below the established federal poverty guidelines.

Known Gross Family Annual Income is \$ _____ or Gross Family Monthly Income is \$ _____ .

HACAP Employee (Please print): _____

Signature _____ Title _____ Date: ___/___/___