



# City of Moline

## Moline Parks & Recreation Summer Programs

**Summer Camp Program:** A (5) week program with (2) weeks in June 19-30 and (3) weeks in July 10-28, Mon-Fri 8:30am-4:30pm. The weeks are themed and the days will be filled with activities based on those themes including, but not limited to, sports, playground, walks, hikes, biking, fishing, exploring, swimming, crafts, water fun, etc., along with visitors and walking trips.

**Program Guidelines:**

The applicant understands he/she is applying for a scholarship for the Summer Camp Program. Eligibility is based on household income.

Date: \_\_\_\_/\_\_\_\_/2023

**Section 1**

Applicant's Name: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_, Moline, IL 61265 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Applicant's Government ID:     \_\_Driver's License   \_\_State ID   \_\_Other \_\_\_\_\_

ID Number: \_\_\_\_\_ Issuing State/Country: \_\_\_\_\_

**\*\*Please provide a piece of mail with your current address. The address on the piece of mail MUST match the address on the ID you provided. (Examples: Utility Bill, Mortgage/Rent, Cell Phone)**

**Other Program Income Guidelines**

- Are you currently receiving **SNAP** benefits from the Illinois Department of Human Services? **Yes or No**
- Are you currently receiving **EBT** benefits from the Illinois Department of Human Services? **Yes or No**
- Do you currently have an **Illinois Healthcare and Family Services medical card**? **Yes or No**
- Do you currently have a **Medicaid** card? **Yes or No**
- Does your child currently qualify for **free/reduced lunch**? **Yes or No**

**If you answered yes to any of the above questions, please provide a copy of the card or a copy of the free/reduced lunch letter and proceed to Section 2.**

\_\_\_\_\_ # in household (size)

**Please only complete the first three columns (household members, birthdates and gender). If you answered no to all questions, please complete all five columns and provide thirty (30) days of income for all household members 18 or older.**

**Section 2**

List all persons who live with the applicant and their Income (if applicable):

<u>Household Members</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Annual Gross</u> <u>Income</u>	<u>Income Source</u>
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
_____	___/___/___	Male/Female	\$ _____	_____
			\$ _____	<b>Total Household Income</b>

**Section 3 – Optional Race and Ethnic Data Please place an "X" by the appropriate box.**

	White		Black/African American
	Asian		American Indian/Alaskan Native
	Native Hawaiian/Other Pacific Islander		American Indian/Alaskan Native & White
	Asian & White		Black/African American & White
	Hispanic		Prefer Not To Provide

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/2023

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**Office Use Only**

Household Size: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_ HUD Income Limit: \$ \_\_\_\_\_

**Identification**

- Government ID  Does the address match the piece of mail provided?
- Mail – Utility bill, Mortgage/Rent, Cell Phone

**Income Source Documentation**

- SNAP
- EBT Card
- Medicaid medical card
- Illinois Department of Human Services medical card
- Free/Reduced Lunch Letter

**OR**

Household income certified - 2022 HUD Income Guidelines

HH Size	1	2	3	4	5	6	7	8
80% AMI	\$47,800	\$54,600	\$61,450	\$68,250	\$73,750	\$79,200	\$84,650	\$90,100

Eligible: \_\_\_\_\_ Meets Income Guidelines: \_\_\_\_\_ Meets Other Program Income Guidelines: \_\_\_\_\_

\*Source Documentation is attached AMI: \_\_\_\_% Program Met \_\_\_\_\_

Not-Eligible (Give Reason): \_\_\_\_\_

\_\_\_\_ Reviewed/Approved

\_\_\_\_ Reviewed/Disapproved

\_\_\_\_\_  
 Recreation Specialist

\_\_\_\_/\_\_\_\_/2022  
 Date

Case Number: \_\_\_\_\_  
 Date: \_\_\_\_\_