Library Cards for All

Library Card Subsidy Application Form*

Name: _____

Address: _____ Phone: _____

Name(s) of children and schools attended by children in your household:

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

FINANCIAL

School District Verification of Eligibility for TANF:

As an authorized representative of School District 4, I verify the eligibility of the family of the applicant _____ for TANF for school year 2018-2019 and as Principal of _____ School, I recommend this family for inclusion in the *Library Cards for All* program.

Name: _____
(Please print)

Signature: _____

Date: _____

*Applicants are accepted and cards issued on a first come-first served basis, based on current availability of funds.

APPLICANT

Complete this form and return it with the requested property tax or rental documents to the Guest Services desk at the Addison Public Library.

LIBRARY CARD COST CALCULATION

Please bring:

Your current rental/lease agreement, indicating clearly your monthly payment

OR

Your most recent property tax bill, if a homeowner

AND

Two forms of identification, one of which must contain the applicant's current legal name and address

Your application cannot be completed without this information. Illinois State Law requires this information as the basis for determining the mandated annual cost we must charge a household for a library card in areas currently unserved by a public library.

This information will determine the level of funding needed to cover the cost of one year of library privileges for your family, if your application is approved.

Questions?

If you have any questions, please contact Dianne Ludwig, Head of Guest Services
(630) 459-3326.

This subsidy is financed by the Friends of the Addison Public Library

FRIENDS of the Addison Public Library

LIBRARY USE ONLY

Date Application Received:

Verification of Financial Information:

Cost: