



# FINANCIAL ASSISTANCE APPLICATION

Financial Assistance is available for households with an annual gross income below \$60,000. Households with an annual gross income of \$60,000 to \$75,000 receive Income Based Pricing on memberships.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Email \_\_\_\_\_

Additional Member(s)	Birth Date	Relationship

### Household Income Information

Please provide most recent income information by providing the following (check where applicable):

- 1040 Tax Return
- Unemployment Benefits
- Social Security Benefits
- State Benefits

I understand the monies used for this program are donated by members, staff and community persons. I certify that the above information is true and complete to the best of my knowledge. I understand that if I falsify any of the above information, I will not be eligible for assistance now or in the future.

I understand that my finances will be reviewed on ~~July 31, 2020~~.

If I do not respond to the review request my membership rate will increase to the standard membership rate beginning \_\_\_\_\_.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

#### ANNUAL INCOME:

Employment \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_

State Benefits \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Total Annual Income:** \$ \_\_\_\_\_ Membership Discount \_\_\_\_\_% Program Discount \_\_\_\_\_%

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Discretion: \_\_\_\_\_ Date: \_\_\_\_\_  
(Membership Director or 2nd Approval Signature)

Date Received: \_\_\_\_\_ Staff initials \_\_\_\_\_ Member Number \_\_\_\_\_