

# COMM{UNITY} MEMBERSHIP PROGRAM ASSISTANCE APPLICATION

Please bring this application, along with supporting documents noted below, to {r}elevé one to apply for assistance.

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each member that will be listed on the membership unit.

<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Name	DOB _____
<input type="radio"/> Name	DOB _____
<input type="radio"/> Name	DOB _____
<input type="radio"/> Name	DOB _____
<input type="radio"/> Name	DOB _____
<input type="radio"/> Other dependent(s)	

## 3 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

### I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 FEDERAL TAX FORM(S) FOR ALL INCOMES IN THE HOUSEHOLD
- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household; we are providing \_\_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

OR

### I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- DOCUMENTS SHOWING MOST RECENT 30 DAYS OF INCOME (Including bank statement and pay stubs, documentation of government assistance or documentation of other sources of income)

\$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_  
30 DAYS INCOME TOTAL ANNUAL HOUSEHOLD INCOME

**4** By signing below, I certify that this application is true and accurate to the best of my knowledge, and that my household does not have income not represented in Section 3 of this application. I agree to provide additional documentation as requested by {r}elevé one to substantiate my financial assistance calculation. I acknowledge that program assistance is based on need and is provided in accordance with the guidelines set forth by {r}elevé one. In the event anyone in my household wishes to cancel their participation in {r}elevé one programs/activities, I will contact {r}elevé one immediately so assistance may be redirected to others. I understand that my membership may require a minimum commitment length that I agree to. I understand that falsification of this application may result in immediate termination of financial assistance and may disqualify my household from receiving financial assistance in the future.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR MEMBERSHIP STAFF USE

You have been pre-approved for a **monthly rate** of \$ \_\_\_\_\_ with a **joining fee** of \$ \_\_\_\_\_

The {r}elevé one Comm{UNITY} Membership program will pay a **monthly rate** of \$ \_\_\_\_\_ with a **joining fee** of \$ \_\_\_\_\_

You met with membership staff: \_\_\_\_\_ and \_\_\_\_\_

You must reapply by \_\_\_\_\_ or your monthly membership fee will revert to the full, unsubsidized membership fee of \$ \_\_\_\_\_

Staff 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Center: \_\_\_\_\_ Member ID: \_\_\_\_\_

**This pre-approval is valid for 30 days and subject to verification.**