

A. Personal Information (Please Print)

First Name Last Name Birth date Age

Home address

City State Zip Code

() ()
Day Phone Evening Phone E-mail Address

Please list all adults residing at the address above: Does this person receive income?
Name: _____ Yes No
Name: _____ Yes No
Name: _____ Yes No
Name: _____ Yes No

For Office Use Only	
	Member Pays
Joining Fee	
Monthly Dues	
Renewal Date	
Percentage	
Type	
Comments:	

Please list all children under the age of 18 residing at the address above:
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

B. Employment

Employer Name Occupation

Employer Address City State Zip Code

C. Household Monthly Income / Expenses

Monthly Income:
Household Monthly wages before taxes \$ _____
Other income:
Social Security (SSI) \$ _____
Unemployment \$ _____
Child Support/Alimony \$ _____
Pension/Retirement \$ _____
Other: _____ \$ _____
TOTAL Monthly Income: \$

Expenses:
Please list any unexpected or out of the ordinary expenses that you may have, including medical expenses, special circumstances, etc. _____

D. Other Information

Program for which you seek financial assistance?
 Membership
 Program (please specify what program)

How much can you afford to pay per month? \$ _____

E. Acknowledgement

I acknowledge, by my signature below, that all of the information on this form is accurate and complete, to the best of my knowledge.
X

Signature

Date
*** Please remember to attach appropriate qualifying information with this form.*