



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Membership Financial Aid Form

Berkshire South Regional Community Center offers a financial aid program for those individuals and families that cannot afford a Membership. The application process is confidential.

Financial Aid Policies:

- **Once your application is received (including all pertinent financial documentation), you will receive a response within approximately two (2) weeks.**
- **Applications can only be considered if the application is completed in full (please provide answers to all requested information or put "NA" if not applicable) and income is documented. Required documentation is a tax return and at least 2 pay stubs, or statement of Social Security, or of Unemployment. Other documentation is helpful and will be considered. Financial aid will be awarded on the basis of not only the documented eligibility of the applicant, but the overall needs of the individual, couple or family, and the availability of funds.**
- **It is important to note that any time that your membership lapses, even for one day, or is not paid in full; the financial aid agreement is void.**
- **You will need to reapply for aid in six months. To avoid a lapse in your Membership, please reapply at least fifteen days before your Membership expires. It is the applicant's responsibility to reapply.**
- **You must be a member of the Community Center to apply for Program Aid.**

NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

YOUR DATE OF BIRTH: _____

TYPE OF MEMBERSHIP DESIRED:

_____ YOUTH _____ ADULT _____ SENIOR ADULT (65+) _____ 2-PARENT FAMILY

_____ SINGLE PARENT FAMILY _____ COUPLE/DOMESTIC PARTNERS

HOW DO YOU HOPE TO USE THE COMMUNITY CENTER?

WOULD YOU BE INTERESTED IN OCCASIONALLY VOLUNTEERING AT THE CENTER? IF SO, WE WILL PASS YOUR INFORMATION ALONG TO OUR VOLUNTEER COORDINATOR.

YES _____ NO _____

NUMBER OF PEOPLE IN YOUR HOUSEHOLD _____

(Please list them here)

NAME	DATE OF BIRTH	RELATIONSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR OCCUPATION: _____ JOB TITLE: _____

HOW MUCH DID YOU EARN FROM WORKING LAST YEAR? _____

(Include at least 2 pay stubs)

NAME & ADDRESS OF EMPLOYER: _____

NAME & ADDRESS OF 2ND EMPLOYER: _____

HOW MUCH DID YOUR SPOUSE/PARTNER EARN FROM WORKING LAST YEAR? _____

(Include at least 2 pay stubs)

NAME & ADDRESS OF EMPLOYER: _____

NAME & ADDRESS OF 2ND EMPLOYER: _____

DO YOU RECEIVE SOCIAL SECURITY? _____ MONTHLY AMOUNT _____

DO YOU RECEIVE UNEMPLOYMENT? _____ WEEKLY AMOUNT _____

WHAT WAS YOUR ADJUSTED GROSS INCOME LAST YEAR?

Line 37 on Form 1040 is _____ OR

Line 21 on Form 1040A is _____ OR

Line 4 on Form 1040EZ is _____

(You must submit a copy of your most recent Federal Tax Return with this application)

WHO IS YOUR HEALTH INSURANCE PROVIDER? _____

WHAT IS THE CURRENT BALANCE OF ALL CASH, CHECKING, SAVINGS & INVESTMENT ACCOUNTS?

CASH BALANCE: _____

CHECKING ACCOUNT BALANCE: _____

SAVINGS ACCOUNT BALANCE: _____

BALANCE OF INVESTMENTS: _____

TOTAL: _____

(Include a copy of your most current statements)

DO YOU OWN YOUR HOME? _____ MONTHLY MORTGAGE PYMT. _____

DO YOU RENT YOUR HOME? _____ MONTHLY RENT _____

DO YOU OWN A VEHICLE? _____ MAKE/MODEL/YEAR _____

MONTHLY CAR PAYMENT _____

CHILD SUPPORT OR ALIMONY? _____ MONTHLY AMOUNT _____

DOES ANYONE IN YOUR HOUSEHOLD RECEIVE:

(Check all that apply)

_____ SUPPLEMENTAL SECURITY INCOME

_____ FOOD STAMPS

_____ FREE OR REDUCED PRICE LUNCH

_____ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

_____ W.I.C.

Please use the space below to let us know about any special circumstances or expenses that would help us understand your/your family's needs. (Attach additional pages if necessary)

I certify that the information given by me on this application is, to the best of my knowledge, true and correct. I will notify BSRCC of any changes in my financial status. I HAVE INCLUDED *(check each space)*:

_____ FEDERAL TAX RETURN

_____ SOCIAL SECURITY STATEMENT

_____ PAY STUBS (self & spouse)

_____ BANK ACCOUNT STATEMENTS

_____ UNEMPLOYMENT STATEMENT

Signature _____ Date _____

Signature _____ Date _____

*****NO FORMS WILL BE PROCESSED WITHOUT REQUESTED FINANCIAL DOCUMENTS*****