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.

FOR ASSISTANCE IN FILLING OUT THIS FORM, PLEASE CONTACT THE COMMUNITY CENTER AT 413-528-0397.

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, 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.

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?
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

PLEASE COMPLETE ALL 3 PAGES AND SIGN
NUMBER OF PEOPLE IN YOUR HOUSEHOLD ______________

PLEASE LIST HOUSEHOLD MEMBERS HERE

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<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
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YOUR OCCUPATION ____________________________  JOB TITLE ____________________________

HOW MUCH DID YOU EARN FROM WORKING IN 2011: ____________________________

*(Include at least 2 pay stubs)*

NAME & ADDRESS OF EMPLOYER: ____________________________________________

NAME & ADDRESS OF 2ND EMPLOYER: ________________________________________

HOW MUCH DID YOUR SPOUSE/PARTNER EARN FROM WORKING IN 2011? ____________________________

*(Include at least 2 pay stubs)*

NAME & ADDRESS OF EMPLOYER: ____________________________________________

NAME & ADDRESS OF 2ND EMPLOYER: ________________________________________

DO YOU RECEIVE SOCIAL SECURITY? ______ YES ______ NO  IF YES, MONTHLY AMOUNT ______________________

DO YOU RECEIVE UNEMPLOYMENT? ______ YES ______ NO  IF YES, WEEKLY AMOUNT ______________________

WHAT WAS YOUR ADJUSTED GROSS INCOME FOR 2011?

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 2011 Federal Tax Return with this application)*

WHO IS YOUR HEALTH INSURANCE PROVIDER? ________________________________

PLEASE COMPLETE ALL 3 PAGES AND SIGN
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 PAYMENT ____________
DO YOU RENT YOUR HOME? _________ MONTHLY RENT PAYMENT ____________
DO YOU OWN A VEHICLE? _________ MONTHLY CAR PAYMENT ____________
VEHICLE MAKE/MODEL/YEAR _______________________________________________________________
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
_________ W.I.C.
_________ TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

Please use the space below to let us know about any special circumstances or expenses that would help us understand 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****