



Membership Financial Aid Form. PLEASE PRINT LEGIBLY. **SIGNATURE REQUIRED.**

Berkshire South Regional Community Center offers a financial aid program for those individuals and families that cannot afford a Membership. Please call us at **413.528.2810 ext. 23** for assistance with filling out this form. 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 _____ Date of Birth _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Cell _____ Email _____

- Membership Type:**
- | | |
|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Youth (Ages 13-18) | <input type="checkbox"/> 2-Parent Family |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Single Parent Family |
| <input type="checkbox"/> Senior (65+) | <input type="checkbox"/> Couple/Domestic Partners |

How do you hope to use the Community Center?

Would you be interested in occasionally volunteering at the Center? Yes No

If so, we will pass your information along to our volunteer coordinator.



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Number of people in your household. Please list them below.

Name	Date of Birth	Relationship

Your Occupation _____ Job Title _____

Previous Year Income (include 2 paystubs) _____

Employer _____

Employer's Address _____

Second Employer _____

Second Employer Address _____

Spouse/Partner's Previous Year Income _____

Spouse's Employer _____

Spouse's Employer Address _____

Do you receive: Social Security: Monthly Amount _____

Unemployment: Weekly Amount _____

Previous Year's Adjusted Gross Income (select one)

Tax Form 1040, Line 37 _____

Tax Form 1040A, Line 1 _____

Tax Form 1040EZ, Line 4 _____

PLEASE SUBMIT A COPY OF YOUR LATEST FEDERAL TAX RETURN WITH THIS APPLICATION

Health Insurance Provider _____



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What is the current balance of all cash, checking, savings & investment accounts? Include copies of your most current statements

Cash _____

Checking account _____

Savings account _____

Investments _____

TOTAL _____

Do you Own your home? Yes, Monthly mortgage payment _____ No

Rent your home? Yes, Monthly rent _____ No

Own a vehicle? Yes, Make/model/year _____ No

Monthly car payment _____ No

Child support or alimony? Yes, Monthly amount _____ No

Check all that apply. Does anyone in your household receive:

Supplemental security income Free or reduced price lunch

Food stamps Temporary assistance for needy families

Please tell us 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 _____