



BERKSHIRE SOUTH REGIONAL COMMUNITY CENTER

Membership and Program Financial Assistance Application

Thank you for your interest in Berkshire South Regional Community Center financial assistance. We offer financial assistance to individuals and families who are unable to pay full fees for memberships and programs.

To apply for financial assistance, please submit the following:

1. Completed financial assistance application.
2. Copies of your most recent Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
3. Copies of last two paychecks **OR** a letter from employer stating annual salary
4. Copies of any supporting documentation for the monthly income and account sections
5. If you do not file taxes and have no income source, please provide copies of your bank statement, dating back two months

Please black out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork. Applications must be submitted with all required documentation. **Incomplete applications cannot be processed.** All financial assistance is distributed on a case-by-case, first-come, first-served basis. Once a completed application is received, you will receive your award letter within approximately **two (2) weeks.**

Please Note:

1. Adult and Family membership scholarships are good for **six months**. To avoid a lapse in your membership, please re-apply at least fifteen days before your membership expires
2. Senior membership scholarships are good for **one year**. To avoid a lapse in your membership, please re-apply at least fifteen days before your membership expires.
3. Financial assistance is not available for Youth and Student memberships as these tiers are already discounted.
4. You **MUST** have a current financial aid membership in order to receive assistance for programs and/or for Sunshine Preschool and Action Adventure Out of School (this includes all summer camps).

If you need assistance with filling out this form, please call 413.528.2810 ext. 29 or email Lucia Ference at lference@berkshiresouth.org Please do not stop in without an appointment.

Membership Type:

- Adult (18+) Single Parent Family* Couple/Family**
 Senior (65+) Senior Couple

* A Couple/Family membership consists of two adults and their dependents (age 18-22 for college students carrying 6 credits or more) living in the same household.
 ** A Single-Parent Membership consists of one adult and his/her dependents (age 18-22 for college students carrying 6 credits or more) living in the same household.

Primary Adult Applicant: _____ New Application Renewal

Date of Birth: _____ Gender _____

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

Length of Employment: _____

Second Adult Applicant: _____ New Application Renewal

Date of Birth: _____ Gender _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

Length of Employment: _____

Dependents Living at Home (Attach additional paper if necessary)

Name	Birth Date	Gender	Relationship

Please itemize your gross monthly household income. Documentation is required for each line item.

**Gross income is defined as the total amount of earned income before any deductions or taxes are taken out*

*** Please include Spouse's income even if they will not be listed on the membership.*

	Primary Applicant Income	Spouse/Partner Income
Salary, wages and tips	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Social Security Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Aid for Dependent Children	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Retirement distributions	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Housing Allowance	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Annual Income	\$ _____	\$ _____

Please list the current balances of all cash, checking savings & investment accounts? Include copies of your most current statements.

**Please include Spouse's information even if they will not be listed on the membership.*

	Primary Applicant	Spouse/Partner
Cash on hand	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Investments	\$ _____	\$ _____

Do You:

Own your home? Yes, Monthly Mortgage Payment: _____
 No

Rent your home? Yes, Monthly Rental Payment: _____
 No

Own or lease a vehicle? Yes, Monthly Payment: _____
 Make/Model/Year: _____
 No

Own or lease a vehicle ? Yes, Monthly Payment: _____
 Make/Model/Year: _____
 No

Are you requesting Program Aid as well? (See next section for Sunshine/OOS aid)

Yes No

Participants Name	Program	Date & Time	Program ID (in catalog)

Are you requesting aid for Sunshine Preschool or Action Adventures After School/Summer Camp?

Yes No

Participants Name	Program

Please tell us about any additional special circumstances or expenses that would help us understand your/your family's needs (attach additional paper if necessary): _____

I certify that this information is true and complete to the best of my knowledge. I grant permission to Berkshire South Regional Community Center to verify this information. I agree to notify Berkshire South Regional Community Center if my financial status should change.

Signature of Applicant

Date