

Monthly Household Income & Expenses

ALL SOURCES of income must be reported.

| MONTHLY INCOME | | MONTHLY EXPENSES | |
|---|----|---------------------------|----|
| HOH Wages/Salaries/Tips (Gross: before ANY deductions) | \$ | Rent/Mortgage | \$ |
| Spouse Wages/Salaries/Tips (Gross: before ANY deductions) | \$ | Utilities | \$ |
| Unemployment | \$ | Cell Phone/Landline Phone | \$ |
| Social Security Compensation | \$ | Internet | \$ |
| Child Support | \$ | TV/Cable/Satellite | \$ |
| Aid to Dependent Children | \$ | Food | \$ |
| Food Stamps | \$ | Clothing | \$ |
| Alimony | \$ | Car | \$ |
| WIC | \$ | Insurance | \$ |
| Housing Assistance | \$ | Alimony | \$ |
| Retirement/Pension | \$ | Child Support | \$ |
| Government Assistance | \$ | Medical | \$ |
| Other | \$ | Other | \$ |
| Total | \$ | Total | \$ |

Do you have one of the following health insurance plans that has a fitness reimbursement plan? Medica, BlueCross BlueShield of MN, Health Partners, Silver Sneakers or UCare of MN (If YES, please submit a copy of insurance card.) YES NO

Please indicate the type of membership or program/class you are applying for.

| | Monthly | Yearly |
|--|---------|--------|
| <input type="checkbox"/> Youth (ages 18 and under) | \$13.75 | \$153 |
| <input type="checkbox"/> College (ages 19 – 22 FT Stud. Min 12 credits) | \$18.00 | \$204 |
| <input type="checkbox"/> Adult (ages 23 – 61) | \$42.75 | \$501 |
| <input type="checkbox"/> Couples (Adult married couples living in the same household) | \$49.50 | \$582 |
| <input type="checkbox"/> Single Parent Family (households with 1 parent and his /her dependents) | \$44.00 | \$516 |
| <input type="checkbox"/> Family (households with 2 married parents and their dependents) | \$57.50 | \$678 |
| <input type="checkbox"/> Senior Citizen (adult 62 and over) | \$35.25 | \$411 |
| <input type="checkbox"/> Senior Citizen Couple (at least one adult is age 62 or older) | \$44.50 | \$522 |
| <input type="checkbox"/> Program, Swim Lessons or Class | | |

What is the reason you are applying for financial assistance? (attach paper if needed)

Any special circumstances we should be aware of? (Group home resident, unable to work due to disability, significant medical debt, health condition requiring specific exercise regimen, etc.)

How much can you afford to pay for each program or for a monthly membership?

To the best of my knowledge, the above information is accurate. I have attached the necessary information needed to process my request.

Signature _____

Date _____

| OFFICE USE ONLY | | | | | |
|--|--------------------|------------------------|---------------------------------|-------------------------|-------------|
| Date application received | # in Household | Yearly Income | | Membership Type/Program | |
| <input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal Applicant <input type="checkbox"/> Existing Member | | | Total yearly cost of membership | | |
| % off Year price | Scholarship Amount | Adjusted Yearly Amount | Monthly | Joiners Fee | Program Fee |
| CEO Approval | | Date Mailed | | Date of Expiration | |