



# Financial Assistance

Chapter 126 Sports and Fitness, An Oak Hill Center, strives to make our facility accessible to all. It is in this spirit that we offer financial assistance, a sliding scale rate assistance program based on gross annual income.

\*\*In order to qualify, your annual household income must fall under \$65,000 and you must be willing to provide 2 documents verifying this.

### To process your application, we will need the following information:

- Copy of your most recent tax return
  - If you have not filed taxes this year, please bring your most recent return.
- Copy of two most recent pay stubs for each working person
  - You must supply pay stubs from *Any* working person in your household\*

If you do not file taxes or have pay stubs to provide, we need 2 documents that will allow us to quantify your income. This may include:

- For all tax filers in the household. If you have not filled you will need to provide proof of non-filing status. To receive proof of non-filing status, call 1-800-908-9946. If you have never filed, or have not filed in the last 5 years, you need to request form 4506-T
- Proof of public assistance if applicable (i.e. Medicaid, Food Stamps, and SSI).
- Copy of Social Security or Disability checks (if applicable)  
OR
- Copy of unemployment benefits statement  
OR
- Copy of bank statement  
OR
- If you have no income a notarized letter from the person(s) who provides your monthly living expenses.

\*Individuals must account for all sources of the household income.

\*Household is defined for these purposes as any person(s) living within the same dwelling while contributing to income and/or sharing expenses.

## Financial Assistance Checklist

Please submit this form with your membership application.

I am applying for:

Individual Membership

Adult +1 Membership

Family Membership

Student Membership

My estimated gross annual income is: \$ \_\_\_\_\_

This is based on the following:

- Tax Return
- Paystubs  Bi-weekly  Monthly  Other: \_\_\_\_\_
- Social Security
- Disability
- Retirement fund or pension
- Welfare benefits, food stamps, section 8 housing
- Unemployment benefits
- Other  
(explain) \_\_\_\_\_

I am the sole contributor to my household income.

I am NOT the sole contributor to my household income.

Please list additional contributors: \_\_\_\_\_

1. I certify the information I have provided to be true. I understand that if any of the information is found to be false, my membership may be subject to termination.

2. If my financial circumstances change or reach a level where I no longer require assistance, I agree to notify Chapter 126 Sports and Fitness, an Oak Hill facility so that others in need may avail themselves of assistance,

3. I understand that the monthly rate based on my income is temporary and I will be set to expire as determined by Chapter 126. Upon expiration of this rate, I must re-verify my income or opt to renew my membership at the standard monthly rate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_