



The Reduced Rate Program is a 30% discount on monthly Fitness Membership dues. If approved, Fitness Financial Assistance (FA) recipient(s) will not have to reapply to qualify for the program and the discount will continue until the recipient cancels their membership. The discount will renew every July 1st on the condition that the member utilizes the facility at least once in a prior six-month period. For those who do not use the facility at least once in the continuous six-month period, we reserve the right to remove your FA discount at the end of June.

Maximum Adjusted Gross Income (AGI) for a Single Individual is \$55,000, and \$90,000 for a family. This program does not apply to Teen Membership, Child Membership, or Center Limited Membership.

For this application to be reviewed, the following items must be provided:

Copy of your most recent W-2 Form

**and**

Copy of your most recent Federal Income Tax Return

**or**

Copy of your most recent SSI, Social Security or Unemployment Statement if you did not file taxes

**PERSONAL INFORMATION**

JCCSF Membership Information:  Fitness Center Member  Non-Member

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**FINANCIAL AID REQUEST**

Membership Type Applying For:  Individual Adult  Add-on (Adult)  Family Member  Senior Member  Add-on (Senior)

Membership Monthly Dues \$ \_\_\_\_\_

Have you previously received financial assistance from the JCCSF?  Yes  No

If so, please provide program name, year and amount of assistance \_\_\_\_\_

**PERSONAL FINANCIAL INFORMATION**

Tax Return Filing:  Single  Married  Head of Household  Did Not File

**Current Year Annual Income**

Individual 1: Gross Wages/Salary/Business Income \$ \_\_\_\_\_

Individual 2: Gross Wages/Salary/Business Income \$ \_\_\_\_\_

Dividend and Interest Income \$ \_\_\_\_\_

Spousal/Child/Family Support \$ \_\_\_\_\_

Government Assistance \$ \_\_\_\_\_

Type of Assistance (i.e AFDC, SSI, Disability, SNAP, Other) \_\_\_\_\_

**Total Annual Income (Sum of Above)** \$ \_\_\_\_\_

