



Rushville Fitness and Community Center Financial Assistance Membership Application

Applicant Information

First Name: _____		Last Name: _____	
Date of Birth: ___/___/___	Phone Number: _____	Email: _____	
Address: _____	City: _____	State: _____	Zip: _____
Are you or another member of your household presently serving in the military?		Yes	No
Are you or another member in your household a veteran or retired from the military?		Yes	No

Household Information

Number in household under 18 _____	Number in the household over 18 _____	Total number of employed adults _____
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Membership/Program Type

Please circle the membership you would like to apply for.					
Student	Adult	Active Military	Senior	Family	Active Military Family
Program: _____					
<small>*Family and Military Family: 2-5 Individuals; up to 2 adults and dependent children under 18; dependents 23 and under if full-time college student living in the same household. *Student: 16-23 years old and a full-time high school or college student.* Military status must be active.</small>					

Family Member Information (If applying for a family Membership)

	First Name	Last Name	Date of Birth	Phone Number (if applicable)	Email Address (if applicable)
1.					
2.					
3.					
4.					
5.					
6.					



Flip Over →

Household Income

For this section, please include a printed copy of

1. Your most recent federal tax returns (1040, 1040A, 1099, or 1040EZ). Please black out all Social Security numbers
2. Two most recent pay stubs from all current employers for all working adults in your household.
3. Any government assistance letters (recent SSI or other government assistance award letter, disability checks, food stamps, unemployment, etc.) showing how much monthly Income you receive for your household.

1. _____ Gross Monthly Income
2. _____ Spouse Gross Monthly Income
3. _____ Misc. Income (See number 3 above)
4. _____ Total Monthly Income (Add lines 1-3)
5. _____ Total Annual Income (Line 4 multiplied by 12)

Please share how receiving assistance with your membership fees would benefit you and/or your family?

I certify that the information provided on this form is true and completed to the best of my knowledge. I agree to notify the RFCC within 30 days of any changes to my income status, and I acknowledge that my membership may be terminated after failure to do so. I grant the RFCC permission to verify this information.

Applicant Name (Printed): _____

Applicant Signature: _____ **Date:** _____

****A new Form must be filled out with updated information each year to qualify for the financial assistance membership****

RFCC Income Sliding Scale

Household Size						
	1	2	3	4	5	6+
90% off	\$0- \$10,000	\$0-\$14,000	\$0-\$17,000	\$0-\$21,000	\$0-\$24,000	\$0-\$28,000
75% off	\$10,001-\$12,000	\$14,001-\$16,000	\$17,001-\$19,000	\$20,001-\$24,000	\$24,001-\$27,000	\$28,001-\$31,000
50%off	\$12,001-\$14,000	\$16,001-\$18,000	\$19,001-\$21,000	\$24,001-\$27,000	\$27,001-\$30,000	\$31,001-\$34,000
25% off	14,001-16,000	\$18,001-\$20,000	\$21,001-\$23,000	\$27,001-\$30,000	\$30,001-\$33,000	\$34,001-37,000

