



Stayton Family Memorial Pool

400 W Virginia St. Stayton, Or 97383 503-767-7665



Financial Assistance Application

Card Number

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PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION.

We require the following documentation for ALL members of the household

- ◇ A copy of each person's current, year to date pay stub
- ◇ A copy of the household's most recent tax returns with the names of dependents clearly marks. If you do not file taxes, other verification to show you are financially responsible for you depends will be acceptable.
- ◇ If applicable, we also require documentation of any other form of income such as SSI/SSDI, unemployment, public assistance (TANF, SNAP, housing), child support, retirement income and student financial assistance.

Please note incomplete applications will be returned to you for completion before assessed.

We will do our best to get your application processed as quickly as possible. You should expect a response in approximately 2 weeks . After you receive an acceptance letter, bring it to the Stayton Pool to register for your membership .

Please Select Membership

() Family (2 adults and children under 17yrs living in household) () Adult () Youth (1 yrs - 17yrs) () Senior (59 yrs & up) () Senior Couple

APPLICANT:

First: _____ Last: _____ () Male () Female DOB: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work: _____ Email: _____

Employer: _____ Occupation: _____

SPOUSE/SECOND ADULT:

First: _____ Last: _____ () Male () Female DOB: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Ph: _____ Work: _____ Email: _____

Employer: _____ Occupation: _____

DEPENDENTS/FAMILY MEMBERS:

First: _____ Last: _____ () Male () Female DOB: _____

First: _____ Last: _____ () Male () Female DOB: _____

First: _____ Last: _____ () Male () Female DOB: _____

First: _____ Last: _____ () Male () Female DOB: _____

Please complete Back of form

Financial Assistance Application

(Back Side)

Number of adults in household: _____ Number of dependent children in household _____

Are you currently receiving other assistance? () No () Yes - If yes, what type? _____

Have you ever received assistance from the City of Stayton? () No () Yes - If yes when and for what? _____

How much do you feel you can contribute per month \$ _____

INCOME

Monthly gross income from all wages / salaries \$ _____

Other monthly income: \$ _____

Public Assistance {TANF, SNAP} \$ _____

Child Support \$ _____

SSI/SSDI \$ _____

Other \$ _____

Total Household monthly Income: \$ _____

EXPENSES

Rent / Mortgage \$ _____

Utilities \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total household monthly expenses \$ _____

() Please check if you have included additional information, expenses, or special circumstances on an additional sheet.

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the City of Stayton - Stayton Family Memorial Pool regarding changes in my financial and / or membership statuses. I understand and agree the City of Stayton - Stayton Family Memorial Pool may make contacts to verify this information. I authorize employers and / or other income sources to release financial information to the City of Stayton - Stayton Family Memorial Pool. I have made sure that sensitive personal information such as my SSN have been blacked out as I understand all information will remain confidential.

Print Name: _____

Signature: _____

Date: _____

For Office Use Only:

Approved % _____

Attached to membership form Y / N

Date of Application _____

Staff Initials: Approved _____

Membership adjusted Y / N