

CONFIDENTIAL

Income Verification



RAY & JOAN
KROC
CORPS COMMUNITY CENTER
GRAND RAPIDS, MI

ADMINISTRATIVE USE ONLY

_____ Renewal

Expiration Date _____

Member # _____

The Salvation Army Kroc Center offers sliding-scale membership rates to help provide greater access for the community. Our stated purpose is to the share the love of Jesus Christ by providing life-changing experiences.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

NAME (FIRST, M.I., LAST)

ADDRESS

CITYSTATEZIP

HOME PHONECELL PHONEWORK PHONE

BIRTHDATE (MM/DD/YYYY)

EMAIL

SECOND ADULT (IF APPLICABLE)

NAME (FIRST, M.I., LAST)

BIRTHDATE (MM/DD/YYYY)

EMAIL

DEPENDENTS LIVING AT HOME

NAME	BIRTHDATE	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME	BIRTHDATE	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME	BIRTHDATE	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME	BIRTHDATE	<input type="checkbox"/> M	<input type="checkbox"/> F
NAME	BIRTHDATE	<input type="checkbox"/> M	<input type="checkbox"/> F

I AM APPLYING FOR

- ☐ ADULT MEMBERSHIP
- ☐ ADULT+1 MEMBERSHIP*
- ☐ FAMILY MEMBERSHIP**
- ☐ SENIOR MEMBERSHIP***

*ADULT +1 MEMBERSHIP DEFINITION

ADULT +1 membership is for an adult individual (18+) and a minor (under 18).

**FAMILY MEMBERSHIP DEFINITION

A family membership type is for up to two (2) related adult (18+) individuals and their dependent children (up to age 26) sharing a residence. Proof of dependency for children 18+ required. Verification of home address is required for everyone 18+ years of age. Acceptable forms of verification include a state ID, pay stub, tax form, health insurance.

***SENIOR MEMBERSHIP DEFINITION

Senior membership is for individuals 65 years and older.

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EMPLOYMENT (SELF)

CURRENTLY EMPLOYED ☐ NO ☐ YES

EMPLOYER'S NAME

EMPLOYER'S PHONE

INCOME \$

☐ ANNUAL ☐ MONTHLY ☐ BI-WEEKLY ☐ WEEKLY

(Please attach **copies** of two (2) most recent check stubs)

EMPLOYMENT (SECOND ADULT)

CURRENTLY EMPLOYED ☐ NO ☐ YES

EMPLOYER'S NAME

EMPLOYER'S PHONE

INCOME \$

☐ ANNUAL ☐ MONTHLY ☐ BI-WEEKLY ☐ WEEKLY

(Please attach **copies** of two (2) most recent check stubs)

ALL APPLICANTS

All adults (18+) in the household who receive income must show proof of income. Provide copies of all that apply:

- Two (2) most recent pay stubs
- Child support printout
- Social Security income document
- Pension
- Alimony

SUPPORTING DOCUMENTS MUST BE COPIED. We will NOT make copies for any reason.

Picture ID for all adults and birth certificates for all children on the membership are required. Please note that if you are not receiving any type of income you will not qualify for a discounted membership. The completion of an application does not guarantee assistance. Discounted memberships are valid for 2 years. At the end of this period, the member must provide updated income information. Completed applications with copies of valid income attached can be turned in to the Welcome Desk or mailed to the address below.

APPLICANT ACKNOWLEDGMENT

Please sign as acknowledgment of your understanding and acceptance of the Kroc Center scholarship program.

PRINT NAME

SIGNATURE

DATE