



## MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

At VOA's Carl Gipson Center we are committed to serving everyone in our community. Through members and community donations we offer financial assistance to those who may not be able to join our community and participate in programs because of financial challenges.

### POLICIES & GUIDELINES

- To be eligible for CGC membership financial assistance, you must meet the Household Income Guidelines (see below) and submit proof of income. This information will only be used to determine eligibility.
- Based on available funds, applicants will be funded on a first-come, first served basis.
- Applicants meeting the eligibility guidelines may be awarded 100% reduction of the annual membership fee for each household member age 50+ for the current membership year.

### TO APPLY

- Complete the application
- Enclose a copy of a current proof of income as required from one of the following sources:
  - **Letter from DSHS** explaining current assistance status. For example: Basic Food approval letter, or
  - **Previous year's income tax return** or a letter from the IRS stating you don't have to pay taxes for the previous year, or
  - **Social Security letter** that shows all sources of income for the current year.
- Return application to:

VOAWW CARL GIPSON CENTER  
 ATTN: OPERATIONS MANAGER  
 PO BOX 839  
 EVERETT, WA 98206-0839

### FAMILY INCOME GUIDELINES\*

Based upon Washington Supplemental Nutrition Assistance Program (SNAP) eligibility guidelines.

PERSONS IN HOUSEHOLD	1	2	3	4	5	6	7	8
GROSS ANNUAL HOUSEHOLD INCOME	\$29,160	\$39,440	\$49,720	\$60,000	\$72,080	\$80,560	\$90,840	\$89,320
Add \$10,280 per family member for households of 9 persons or more								

\*Updated 04/04/2023



**PLEASE PROVIDE ALL REQUESTED INFORMATION**

**HEAD OF HOUSEHOLD**

[Redacted]		
Last Name	First Name	Birthdate
[Redacted]		
Street Address	City	ZIP
[Redacted]		
Employer		
[Redacted]		
Total household monthly gross income	Number in household	

Please enter information for those requesting financial assistance, including applicant/head of household

[Redacted]	[Redacted]
First & Last Name	Birthdate
[Redacted]	[Redacted]
First & Last Name	Birthdate
[Redacted]	[Redacted]
First & Last Name	Birthdate

*I certify that all of the above information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of financial aid and that Carl Gipson Center staff may verify the information on the application.*

[Redacted]	[Redacted]	[Redacted]
Printed Name	Date	Signature

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME**

Allow 10 business days for processing. Applicant will be notified by phone.  
Financial Aid expires at the end of the membership year, which is 12 consecutive months from the date of membership registration.

<b>DEPARTMENTAL USE ONLY</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Processed _____
	Date _____	Financial Records Destroyed _____
	Signature _____	Notified _____