



**Application for Financial Assistance**

for

Exercise is Medicine

at Freedom Aquatic & Fitness Center

**Income Verification and Application Process:** Freedom Aquatic & Fitness Center (FAFC) is able to provide limited financial assistance for the Exercise is Medicine (EIM) program through the generosity of our donors. Please complete this form and provide the required documents for income verification to our EIM Team Administrator. Based on your income, we can determine the amount of assistance we may be able to provide. **DO NOT** take this form or any other documents to the front desk of FAFC, we cannot ensure your privacy if you do. You will need to make an appointment with the EIM Administrator in order to present these documents by following the instructions on the 2<sup>nd</sup> page.

Client's Name: \_\_\_\_\_

Client's Primary Phone: \_\_\_\_\_

Client's Email: \_\_\_\_\_

Client's Address: \_\_\_\_\_

**Household Information:**

# of individuals in the household: \_\_\_\_\_ # of adults in household currently employed: \_\_\_\_\_

# of dependents in the household: \_\_\_\_\_

Client is claimed as a dependent on another person's tax returns (yes or no) \_\_\_\_\_

*Please note: If the client is claimed as a dependent on another person's tax returns, the income reported must be that of the person(s) claiming the client as a dependent.*

Gross Annual Household Income: \_\_\_\_\_

*(Include all sources of income, including, but not limited to: salary, retirement, SSI, SSDI, child support, alimony, unemployment, etc.)*

By signing this form, you certify that the information provided is true and correct and all income is reported to the best of your knowledge. You also acknowledge that completion of this form is in no way a guarantee of financial assistance and that any amount of financial assistance offered is purely at the discretion of FAFC EIM administration.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

In order to process your application, you must provide at least two (2) official documents to verify the income you are reporting. We may ask for additional proof of other assistance you are receiving if it is claimed. Please see the 2<sup>nd</sup> page of this form for a list of acceptable verification documents.

**Form Submission:** Please schedule an appointment with Karla Balk King, EIM Administrator, to return this form and present your income verification documents. She can be reached via email: [kbalk@gmu.edu](mailto:kbalk@gmu.edu) or phone: 703-993-4862.

**DO NOT** return this form or any income verification documents to the FAFC front desk, as we cannot ensure your privacy if you do. If you need further assistance, please contact Karla as stated above or the Community Care Coordinator, Tammy Rowland, at [trowlan@gmu.edu](mailto:trowlan@gmu.edu) or phone: 571-732-0155.

**Acceptable income verification documents:**

1. Most recent, filed income tax return, containing any and all schedules, statements, W-2s and 1099s.
2. Current Unemployment statement.
3. Most recent Social Security Income (SSI) statement or Social Security Disability Income (SSDI) statement.
4. Past three (3) months of pay stubs for each working, non-dependent adult in the household.
5. Self-employed: Most recent, filed income tax return, containing any and all schedules (including but not limited to Schedule C) or itemized Profit and Loss statement for the most recent three (3) months.
6. DSS report or bank statements showing child support and alimony payments for the most recent three (3) months.

Additional resources: *\*these do not determine total level of income but may help support the verification process*

1. Recent letter of approval for free and reduced lunch.
2. Recent proof of government assistance (e.g. WIC, SNAP, TANF, childcare assistance)
3. Recent letter of termination from employer.

Helpful Resources:

1. Social Security Office at [www.ssa.gov](http://www.ssa.gov)
2. <http://vec.virginia.gov/unemployed>
3. <http://www.irs.gov/Individuals/Get-Transcript>
4. <http://www.dss.virginia.gov/index.html>

*If necessary, please use the space below to provide any additional information to explain extenuating circumstances that you believe we should consider when determining your level of assistance.*

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<b>Discount Category:</b> _____ %	<b>Verified and Approved On:</b> _____	<b>Approved by:</b> _____
<b>Date Notified:</b> _____	<b>Offer Valid Through:</b> _____	