

**Senior Center  
Financial Assistance Request**

You must provide proof of income via the previous year's income tax return. If no taxes are filed, then provide a statement from Social Security or SSI verifying income.

PLEASE PRINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, NC Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Including: (including social security, SSI, VA, Retirement/pensions		Housing:	
Other Resources:		Utilities:	
		Annual Property Taxes Divided by 12 months:	
		Extraordinary Medical Expenses: Monthly Calculation	
<b>TOTAL:</b>		<b>TOTAL:</b>	

Program/Class(s) requesting Financial Assistance: \_\_\_\_\_  
(Financial Assistance only available for: 1 exercise class and 1 educational session per series and 1-year membership to Fitness Room or SportsPlex.)

Percentage of Monthly Financial Assistance Requested – Circle One: 100%, 80 %, 60 % , 40%, 20 %, Other (\_\_\_\_): \_\_\_\_\_

<b>▶ Participant Signature:</b>		<b>Date:</b>
<b>TO BE COMPLETED BY ORANGE COUNTY DEPARTMENT ON AGING STAFF</b>		
Financial Assistance Recommended: (Program): _____ % _____ (\$ Amount)		
(Exercise Class): _____ % _____ (\$ Amount)		
(Fitness Room/SportsPlex): _____ % _____ (\$ Amount)		
Latonya Brown, MHSA, CIRS-A Wellness Coordinator	Dawn Smith Passmore Ctr. Operations Mgr.	Rachel Whitney Seymour Center Operations Mgr.
Date: _____		
Authorized by: _____ Cydnee Sims, Senior Centers Administrator or Janice Tyler, Director Orange County Department on Aging		