The 125 LIVE Membership Grants Program has been established to support adults (ages 50+ with financial limitations) to become a member of 125 LIVE. This confidential program enables individuals with limited financial means to benefit from the programs, activities, services, and fitness activities/amenities offered through 125 LIVE.

**Who is Eligible for Membership Support at 125 LIVE?**

The 125 LIVE Membership Grants Program is available to adults 50+ years who qualify for financial support. The amount of financial support provided is determined after assessing the individual’s monthly/annual income. A sliding fee scale has been developed and is used to determine the amount of financial support that is available. This scale was developed using percent of poverty according to federal government poverty guidelines.

To be assessed you must have a Minnesota residency and complete the necessary 125 LIVE membership agreement paper work. The Membership Grant Program is available for a social, fitness, or social & fit membership type. Only one application per year will be accepted. Members are responsible for reapplying each year.

**The Membership Support Application Process:**

- Complete the 125 LIVE Membership Agreement and Member Information forms.
- Complete the confidential Membership Grants Application.

**What to attach to Membership Agreement:**

- Documentation of MN State Residency
- Social Security Disability (if applicable)
- Documentation of all income sources in the form of a current tax return
- Special Financial Circumstance (Letter of Explanation)

**Drop off completed paperwork at the Membership Services Desk.** You will be notified when level of eligibility is determined (usually 1-3 days).

- Applicants need to re-apply annually.
- The new member enrollment fee will be waived for all individuals who qualify for membership support.

**Please Note:**

Membership Grants will be suspended immediately if the recipient does not follow 125 LIVE’s Rules, Regulations, and Policies. Any violations will result in funding being discontinued. The Member will be ineligible to apply for financial support again for one-year following the violation.
125 LIVE Membership Grants
(Formerly Membership Support)
Updated 04/23/2019

MEMBER INFORMATION

<table>
<thead>
<tr>
<th>First Name (Primary)</th>
<th>Middle</th>
<th>Last</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email Address</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name (Secondary)</th>
<th>Middle</th>
<th>Last</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Email Address</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach documentation from each of the following for each person applying:
- [ ] Documentation of MN State Residency
- [ ] Social Security Disability
- [ ] Documentation of all income sources in the form of a current tax return
- [ ] Special Financial Circumstance (Letter of Explanation)

Please indicate your membership type:
- [ ] Social Membership (Single or Dual)
- [ ] Fitness Membership (Single or Dual)
- [ ] Social & Fit Membership (Single or Dual)

*Membership support rates are determined by the federal poverty guidelines. Updated rates will be applied to individual billing statement and are effective as of November 1, 2016.

To the best of my knowledge all the information provided on my application is accurate and complete.

Primary Member Signature: __________________________ Date: __________

Secondary Member Signature: __________________________ Date: __________

Office Use Only:

Senior Advocate Only: [ ] Approved [ ] Denied Date: __________

[ ] Code 1 [ ] Code 2 [ ] Code 3 [ ] Code 4

Signature: __________________________

Processed by: __________________________

Attached: [ ] EFT Information (monthly only) [ ] Documentation Confirmed: [ ] Photo Taken [ ] Healthy Contributions [ ] Ash Link (S&F)

[ ] Insurance Form & Card Copy [ ] Trivity (Sil Sn) [ ] Constant Contact

Fitness ID #: Silver & Fit __________________________ Silver Sneakers ________________________

Date: _______ _______