



125 LIVE Membership Grants

*(Formerly Membership Support)
Updated 3/11/2022*

125 LIVE
125 Elton Hills Drive
Rochester MN, 55901
507-287-1404
www.125livemn.org

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 adjusted gross 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 adjusted gross income.
- 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.



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MEMBER INFORMATION

First Name (Primary)	Middle	Last	Gender
Address	City	State	Zip
Phone	Email Address		Birthdate

First Name (Secondary)	Middle	Last	Gender
Phone	Email Address		Birthdate

<p>Please attach documentation from each of the following for each person applying:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of MN State Residency <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Documentation of all income sources in the form of a current tax return providing <u>adjusted gross income</u> <input type="checkbox"/> Special Financial Circumstance (Letter of Explanation) 	<p>Please indicate your membership type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Membership (Single or Dual) <input type="checkbox"/> Fitness Membership (Single or Dual) <input type="checkbox"/> Social & Fit Membership (Single or Dual) <p><small>*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.</small></p>
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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: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____
<input type="checkbox"/> Code 1 <input type="checkbox"/> Code 2 <input type="checkbox"/> Code 3 <input type="checkbox"/> Code 4	Processed by: _____
Signature: _____	
Attached: <input type="checkbox"/> EFT Information (monthly only) <input type="checkbox"/> Documentation	Confirm: <input type="checkbox"/> Photo Taken <input type="checkbox"/> Healthy Contributions <input type="checkbox"/> Ash Link(S&F)
<input type="checkbox"/> Insurance Form & Card Copy	<input type="checkbox"/> Tivity (Sil Sn) <input type="checkbox"/> Constant Contact
Fitness ID #: Silver & Fit _____ Silver Sneakers _____	