



125 LIVE Membership Grant Application

125 Live
125 Elton Hills Drive NW
Rochester.MN.55901
507-287-1404.
125livemn.org

The 125 LIVE Membership Grant Program has been established to support adults 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 at 125 LIVE.

Who is Eligible for Membership Support at 125 LIVE?

The 125 LIVE Membership Grants Program is available to adults who qualify for financial support. The amount of financial support provided is determined after assessing the individual's monthly or annual income. A sliding fee scale has been developed and is used to determine the amount of discounted membership that is available. This scale was developed using percent of income according to federal government poverty guidelines. Those who might not qualify based solely off financial guidelines, have the opportunity to provide a letter of explanation that details the other limitations they face and how they would benefit from a 125 LIVE membership.

To be assessed, you must have a Minnesota residency and complete the necessary 125 LIVE membership paper work as well at the Membership Grant Application. The Membership Grant Program is available for all membership types (social, fitness, or social & fitness membership). Only one application per year will be accepted. Members are responsible for re-applying each year.

Membership paperwork to be completed:

- Complete the 125 LIVE Membership Agreement and Member Information forms.
- Complete the 125 LIVE Membership Grant Application.
- Documentation of MN state residency (driver's license, passport, utility bill).

Which financial documents to provide in order of priority (at least one):

- Most recent tax return (if applicable)
 - If you are not required to file taxes based on your income level, you may provide one of the other financial documents listed below
- Social Security/ Disability letter detailing monthly or annual amount received (if applicable).
- State/ County assistance letter detailing monthly or annual benefits received.
- Documentation of income in the form of pay stubs from the previous 3 months.
- If you are not employed and cannot provide the above financial documents, you may opt to provide the last 3 months bank statements (and also include letter of explanation).
- OPTIONAL - Special Financial Circumstances - Letter of Explanation.

Provide completed paperwork to the Membership Services Desk:

- You will be notified when level of eligibility is determined (usually 1-3 business days).
- Applicants need to re-apply annually with updated financial documents.
- The \$50 enrollment fee will be waived for those who qualify for membership grants.

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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PRIMARY MEMBER INFORMATION:

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
EMERGENCY CONTACT NAME	PHONE NUMBER	RELATIONSHIP	

SECONDARY MEMBER INFORMATION (IF APPLICABLE):

FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
EMERGENCY CONTACT NAME	PHONE NUMBER	RELATIONSHIP	

MEMBERSHIP TYPE:

Please indicate your desired membership: <input type="checkbox"/> Social Membership Only <input type="checkbox"/> Fitness Membership Only <input type="checkbox"/> Social & Fitness Membership <small>*Membership grant rates are determined by the federal poverty guidelines and are updated at the beginning of each year and will be applied to individual billing.</small>	Please check at least one of the financial documents you are providing: <input type="checkbox"/> Most recent tax return (if applicable) <input type="checkbox"/> Social security/ disability letter detailing monthly amount received <input type="checkbox"/> State/ county assistance letter detailing monthly benefits received <input type="checkbox"/> Other (previous 3 months pay stubs or previous 3 months bank statement) <input type="checkbox"/> Special financial circumstances letter (optional) <small>*Members must submit updated financial documents each year following approval to be re-qualified.</small>
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PRIMARY MEMBER SIGNATURE:	DATE:
SECONDARY MEMBERS SIGNATURE:	DATE

OFFICE USE ONLY:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	DATE: _____ / _____ / _____	Processed by: _____
<input type="checkbox"/> Code 1	<input type="checkbox"/> Code 2	<input type="checkbox"/> Code 3	<input type="checkbox"/> Code 4
<input type="checkbox"/> EFT (monthly)	<input type="checkbox"/> Documentation	<input type="checkbox"/> Account Flags	<input type="checkbox"/> Photo Taken
<input type="checkbox"/> Copy of Insurance Card	<input type="checkbox"/> TIVITY (Silv Snk/ Prime)	<input type="checkbox"/> ASHLink (Silv&Fit/ Act&Fit)	<input type="checkbox"/> Renew Active/One Pass
			<input type="checkbox"/> Constant Contact
			<input type="checkbox"/> Verified Military
			<input type="checkbox"/> Healthy Contributions