



**PREMIER**  
TENNIS CENTER

## FINANCIAL ASSISTANCE APPLICATION FORM

West Michigan Community Tennis (WMCT) offers membership and program participation for all. Anyone who is not able to pay the standard membership fees may be awarded financial assistance based on their income and their demonstrated inability to pay. Applying for financial assistance is confidential. Please call WMCT at 616-538-4600 or email Caroline Phillips at [cphillips@wmctpremier.com](mailto:cphillips@wmctpremier.com) with any questions. **Those who are eligible for a Silver Sneakers/One Pass Membership are not eligible for further financial assistance.**

### REQUIRED INCOME DOCUMENTATION

Please note the following when submitting your required documents:

- Originals will not be accepted – **ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED**
- Documents will be returned upon joining WMCT or will be shredded after 6 weeks.
- For your financial security, please **black out or white out any Social Security or bank account numbers** prior to submitting documentation.
- W2s are NOT accepted.

PLEASE SUBMIT ALL OF THE FOLLOWING THAT APPLY:

- ☐ Required for all applications: To prove the dependency status of those you list on your application form, a current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS) **is required.**
- ☐ Two (2) consecutive pay stubs for **EACH** wage earner, showing gross and net income.
- ☐ Social Security Administration Letter (SSI or Disability)
- ☐ Retirement Benefits
- ☐ Unemployment Statement

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ I am a current WMCT member.

### MEMBERSHIP INTEREST

Please check the membership you are applying for:

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Base        | <input type="checkbox"/> Junior Couple Plus |
| <input type="checkbox"/> Couple Base            | <input type="checkbox"/> Individual Plus    |
| <input type="checkbox"/> Family Base            | <input type="checkbox"/> Couple Plus        |
| <input type="checkbox"/> Junior Individual Plus | <input type="checkbox"/> Family Plus        |

## HOUSEHOLD INFORMATION

Please list all adults & dependents in your household.

Adult or Dependent's Name	Relationship	Date of Birth	School/Employer
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

## SPECIAL CIRCUMSTANCES

List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet if necessary. Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

\_\_\_\_\_

\_\_\_\_\_

## INCOME & EXPENSES

Place a checkmark next to any applicable income you receive:

- |  |   |
|--|---|
| <input type="checkbox"/> Monthly Income              | <input type="checkbox"/> Unemployment               |
| <input type="checkbox"/> Child Support               | <input type="checkbox"/> TANF, WIC, Food Assistance |
| <input type="checkbox"/> Alimony                     | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> SSI, Retirement, Disability |   |

Place a checkmark next to any applicable expenses:

- |   |  |
|---|--|
| <input type="checkbox"/> Rent/Mortgage            | <input type="checkbox"/> Tuition/Loans |
| <input type="checkbox"/> Utilities                | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Vehicle Payment          | <input type="checkbox"/> Alimony       |
| <input type="checkbox"/> Vehicle Insurance        | <input type="checkbox"/> Child Care    |
| <input type="checkbox"/> Medical/Dental Insurance | <input type="checkbox"/> Other: _____  |

## VERIFICATION & AUTHORIZATION

I hereby verify that the information provided on this application is accurate. This includes, but is not limited to, membership category, dependents, and documentation of income and expenses for all wage earners.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed application and copies of income documents to WMCT (4250 Spartan Industrial Dr SW, Grandville, MI 49418). Decisions on financial assistance may take up to 1-2 weeks. When your application has been approved or denied, WMCT will notify you regarding an opportunity to pick up any physical documentation you have provided. 2 weeks after you have been notified, all sensitive information and documentation will be securely disposed of by WMCT to protect your privacy. WMCT may retain a copy of your application form, its own documentation of the results of your application, and other information that it regularly retains regarding members. WMCT does not discriminate against anyone on the basis of any protected status, including but not limited to, race, gender, religion, age, or disability.