

Financial Assistance Application Information

This application is specific to and only for fitness center membership at Duke Health and Fitness. If you are seeking financial assistance for your care at Duke Health, contact Customer Service at 919-620-4555 or 800-782-6945 (toll-free).

Please review the following information before completing the financial assistance application:

- 1) Qualification for Duke Health & Fitness Center (DHFC) Financial Assistance is based on annual household income.
- 2) Applicants with an annual household income of less than or equal to 200% of the Federal Poverty Income Guidelines are eligible for a 75% price reduction for membership for 6-months based on the then current membership rate. *DHFC programs and services are not currently eligible for financial assistance.*
- 3) Applications must be submitted with all required documentation. Incomplete applications cannot be processed.
- 4) **Complete applications must include copies of the following for each member of the household. Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.**
 - a) Most recent tax return, including W2 forms
 - b) Copies of your two most recent paycheck stubs
 - c) Copies of any supporting documentation of any other income

OR

 - d) An explanation from the applicant stating your source for paying living expenses, if you have no income.

Definitions

Household Size: reflective of all individuals who are claimed on federal tax return. Dependents may include children, foster children, grandchildren, and other children for whom the adult is the guardian and is tax dependent.

Annual Household Income: defined as the combined gross income of all members of a household (yourself, spouse and dependents) from all sources, including but not limited to wages, profits from business, rental income from rental properties, social security income (SSI/SSDI), income from investments, estates, trusts, alimony, child support, aid to dependent children, etc.

Send Completed Financial Assistance Application to:

Email: dukehealthandfitnesscenter@duke.edu

Mail: Duke Health & Fitness Center
3475 Erwin Road
Durham, NC 27705

Fax: 919-681-7467

Contact Information: 919-660-6660

Please allow 4-6 weeks for processing. Applicants will receive written notice via email regarding their eligibility decision.

Financial Assistance Application

Client/Guarantor Information

Client's Name: _____
 Guarantor's Name (if the client is under 18 years of age): _____
 Client's Address: _____
 City: _____ State/ZIP: _____ Client's Date of Birth: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Current Marital Status: Single Married Separated Divorced Widowed

Spouse Information

Spouse's Name: _____
 Spouse's Address (if different from the client): _____
 City: _____ State/ZIP: _____ Spouse's Date of Birth: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email: _____

Note: If you are married, your spouse's financial information and signature are required for the application to be processed.

Household Information

Household Size/Dependents (including yourself & spouse): _____
Please provide the dependent's Name and Date of Birth (if applicable)

Annual Household Income (Gross): _____

Please itemize your gross annual income in the table below. *Documentation is required.*

	Your Income	Spouse's Income	Other Income
Salary, wages and tips			
Unemployment compensation			
Social Security compensation			
Child support			
Aid for Dependent Children			
Food stamps			
401(K) retirement			
Alimony			
School loan income			
Housing allowance			
Other			

Employment Information**Client/Guarantor**

- Employed
- Self-Employed
- Unemployed
- Full-time student
- Dependent on Others
- Retired

Spouse

- Employed
- Self-Employed
- Unemployed
- Full-time student
- Dependent on Others
- Retired

Please include proof of monthly household income by providing the required documents listed below. Attach copies for all members of the household.

- a) Most recent tax return, including W2 forms
- b) Copies of your last two paycheck stubs
- c) Copies of any supporting documentation of any other income

OR

- d) An explanation from the applicant stating your source for paying living expenses, if you have no income.

I hereby acknowledge that the above information is true and accurate to the best of my knowledge. I further grant the Duke Health and Fitness Center authorization to verify any of all information given on this application for the sole purpose of determining financial assistance. I agree to notify the Duke Health and Fitness Center if my financial status should change.

Client/Guarantor's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Additional Comments