

## 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: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

**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)*

Household Income (Gross): \_\_\_\_\_  
*Income is defined as wages, profits from business, rental income from rental properties, social security income [SSI/SSDI], income from investments, retirement/pension, alimony, etc.*

### 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 send proof of monthly household income by providing two of the documents listed below. If you claim dependents, you must provide a tax return.**

**(Pay Stubs, SSI/Disability, W2/Retirement/Pension, Tax Returns, Letter from Employer).**

If you have no income, please provide an explanation of how you pay daily living expenses:

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**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.**

Client/Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Duke Health & Fitness**

**Send Completed Financial Assistance Application to:**

**Fax:** 919-681-7467

**Email:** [dukehealthandfitnesscenter@duke.edu](mailto:dukehealthandfitnesscenter@duke.edu)

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

**Contact Information:** 919-660-6660

Please allow 4-6 weeks for processing

**Additional Comments**