

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 one 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:

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

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