

# Income Qualified Application Effective May 1, 2012 through April 30, 2013

Reduced rate memberships are available for Columbia residents who live on or work full-time on property subject to the CA lien and whose household income is within the Columbia Association guidelines. If you would like to purchase one of these memberships, please complete the application and attach the required information. Any sales representative at the Membership Service Center can assist you.

**1. Name** (head of household) \_\_\_\_\_

**Phone number** (home) \_\_\_\_\_

**Social Security number** \_\_\_\_\_

**Street address** \_\_\_\_\_

**City** \_\_\_\_\_

**State, Zip** \_\_\_\_\_

**Number of Exemptions** \_\_\_\_\_ **Income** \_\_\_\_\_

## Columbia Association INCOME GUIDELINES

The Columbia Association Low/Moderate Income Guidelines are based on federal guidelines developed by HUD.

Family Size	Gross Income	
	For 50% discount on all memberships and 75% on Outdoor Pool memberships	For 40% discount on all memberships
1	\$45,500	\$52,000
2	\$52,000	\$58,500
3	\$58,500	\$65,000
4	\$65,000	\$70,300
5	\$70,200	\$75,450
6	\$75,400	\$80,650
7	\$80,600	\$85,900
8	\$85,800	\$91,500

## 2. I wish to apply for low/moderate income access to purchase a membership for

(Check One)

- |                          |                   |                   |                         |
|--------------------------|-------------------|-------------------|-------------------------|
| Package Plan Plus ( )    | Package Plan ( )  | Ice Rink ( )      | Tennis ( )              |
| Swim Center ( )          | Outdoor Pools ( ) | Athletic Club ( ) | Supreme Sports Club ( ) |
| Hobbit's Glen Daily ( )  | Women's Gym ( )   | Fairway Hills ( ) | Columbia Gym ( )        |
| Hobbit's Glen Annual ( ) |                   |                   |                         |

*Reduce rate is off new member price and can not be combined with any other discounts or offers.*

- 3. Type of Membership** (check one)  **Family** All members on a Family membership must be listed as dependents on your 2011 Federal Tax Form 1040. Family memberships include two adults living at the same address and their dependent children under age 23
- Two-Member**
- Individual**

### Member Name, Birthdate

01 _____	05 _____
02 _____	06 _____
03 _____	07 _____
04 _____	08 _____

**4.** I understand that approval of this application depends on my ability to comply with the Columbia Association Income Verification Requirements. I will provide an official IRS computer generated transcript of my 2011 tax return. You may request the documents by calling 1-800-908-9946 or www.irs.gov. This is the only document that the Columbia Association will accept. There are no exceptions to this requirement.

**5.** I verify that the information I have provided on this application is correct and that the IRS documents are valid. I further agree to notify the Columbia Association should my income rise above the limits stated herein before my membership year is up. I understand that failure to comply with these requirements will result in revocation of my membership privileges and will require payment at regular rates for privileges already used. I have read and agree to all the provisions on this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** (Manager) \_\_\_\_\_ **Date** \_\_\_\_\_

**Supplying false income tax information is a crime punishable by law.** **ID#** \_\_\_\_\_

