

# Income Qualified Application Effective May 1, 2022 through April 30, 2023

Reduced-rates for Memberships, Camps and Before and After School Care (SAS) programs are available. Reduced rates are not retroactive and apply only to fees incurred after the approval date. All information must be resubmitted every year. Number of tax exemptions must match number of people on the membership account. If you want to purchase one of these memberships, please complete the application and attach the required information.

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

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

Email address \_\_\_\_\_

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

City, ZIP code \_\_\_\_\_

Number of exemptions \_\_\_\_\_ Income \_\_\_\_\_

Tax year \_\_\_\_\_

## Columbia Association Income Guidelines

*Columbia Association Income Guidelines are based on federal guidelines developed by HUD.*

Family size	Gross income <small>For 50% discount</small>
1 .....	\$62,600
2 .....	\$71,550
3 .....	\$80,500
4 .....	\$89,400
5 .....	\$96,600
6 .....	\$103,750
7 .....	\$110,900
8 .....	\$118,050

2. I wish to apply for income-qualified access to purchase a for: *(check one listed below)*

- CA Fit&Play                       5Day Golf&Play                       Camps
- 1Fit                                       7Day Golf                                       Before and After School
- Play                                       Golf Fit&Play

*Reduced rates for memberships are off of the new member price. Reduced rates do not apply to late payments, late pickup fees, returned check or declined payment fees, registration and application fees, promotions, discounts or School's Closed programs.*

3. Type of membership *(check one)*  **Family** All members on a Family membership must be listed as dependents on your 2020 Federal Tax Form 1040. Family memberships include two adults living at the same address and their tax-dependent children younger than age 26.

- Two-member
- Individual

Member name, date of birth *(birth certificates are required to show dependency)*

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

4. I understand that approval of this application depends on my ability to comply with Columbia Association's income verification requirements. I will provide an official IRS Tax Return transcript of my 2021 tax return. You may request the documents by calling 1-800-908-9946 or irs.gov. CA will also accept current housing assistance documentation such as BRHP or Section 8 that clearly shows all family members living in the home. SSI may be accepted for individual memberships only.

5. I verify that the information I have provided on this application is correct and that the income qualified documentation is valid. I further agree to notify 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# \_\_\_\_\_

