



Financial Assistance Checklist

For Office Use Only

Applicant's Name: _____

Date Received: ___/___/___ Received by: _____

Membership Application Completed on: ___/___/___

Staff Initial: _____

Application complete with all necessary signatures

Financial Assistance Application Completed on: ___/___/___

Staff Initial: _____

Application complete with all necessary signatures

Proof of Income Provided on: ___/___/___

Staff Initial: _____

Total Annual Household Income: \$ _____

For Membership Director Use Only

Membership Entered in Daxko on: ___/___/___

Staff Initial: _____

Member #: _____

Reviewed on: ___/___/___

Staff Initial: _____

6 Month Renewal Date: ___/___/___

Staff Initial: _____

Notes from 6 Month Check-in: _____

_____ Staff Initial: _____

12 Month Renewal Date: ___/___/___

Staff Initial: _____

12 Month Renewal Letter Sent: ___/___/___

Staff Initial: _____