

THE STOCK PILE: INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL (7/09)

PLEASE READ THE FOLLOWING INFORMATION

- **Completely fill out** this Individual Membership Application/Renewal form.
- **Sign your name and date** in the box below.
- If you have questions or need assistance in the completion of your application, call **330 455-4585**. If no one is available, please leave a message on voice mail.

Applicant

(Full Name)

Co-Applicant

(Full Name)

Home Address

(Street)

(City)

(State)

(ZIP)

(County)

Primary Phone (_____) _____ **Alternate Phone** (_____) _____

Household Size _____ (NUMBER OF PERSONS LIVING AT THE ABOVE ADDRESS)

I qualify for membership to The Stock Pile because: (check appropriate space)

_____ **I am elderly (age 62 and above)**

_____ **I am physically disabled**

_____ **I qualify as low-to-moderate income based on HUD standards as listed on the back.**

Household Income \$ _____ *NOTE: Gross Annual Income from all sources, taxable and non-taxable, for all persons, related or not, living in the house.*

I have completed this application with information that is accurate to the best of my knowledge and have received my copy of the Membership Agreement. I understand that my application may be denied and/or my membership terminated, if any information is found to be false.

Applicant's Signature

Date

MAIL TO: The Stock Pile
1387 Clarendon Ave SW
Canton OH 44710

DROP OFF: During Business Hours
or call 330-455-4585
for further information.

Stark County Income Limits

<u>H/H Size</u>	<u>0-30%</u>	<u>31-50%</u>	<u>51-60%</u>	<u>61-80%</u>
1 person	12,100	20,200	24,240	32,300
2 persons	13,850	23,100	27,720	36,900
3 persons	15,550	25,950	31,140	41,550
4 persons	17,300	28,850	34,620	46,150
5 persons	18,700	31,150	37,380	49,850
6 persons	20,050	33,450	40,140	53,550
7 persons	21,450	35,750	42,900	57,250
8 persons	22,850	38,100	45,720	60,900

For grant reporting purposes, please check one in each of the three (3) following categories that best applies.

- **Female Headed Household:**

- ____ YES
- ____ NO

- **Racial Backgrounds:**

- ____ (W) White
- ____ (B) Black or African American
- ____ (I) American Indian or Alaska Native
- ____ (A) Asian
- ____ (H) Native Hawaiian or Other Pacific Islander
- ____ (IW) American Indian or Alaska Native & White
- ____ (AW) Asian & White
- ____ (BW) Black or African American & White
- ____ (IB) American Indian or Alaska Native & Black
- ____ (M) Other Multi-Racial

- **Ethnic Information:**

- ____ (H) Hispanic or Latino
- ____ (NH) NOT Hispanic or Latino

INNER OFFICE USE ONLY

INCOME LEVEL: Initial the applicable category, using the above chart, for the Household Income.

0-30% _____ 31-50% _____ 51-60% _____ 61-80% _____ or 81% + _____ (Exceeds Income Limit)

I have reviewed the information provided by this applicant and have indicated the income level according to current HUD standards.

Verifying Signature

Issue/Renewal Date

Inner Office Tracking:

_____ Membership Card _____ Dates/Newsletter I- _____
 _____ QuickBooks Job List _____ I Excel Database