

THE STOCK PILE: INDIVIDUAL MEMBERSHIP APPLICATION/RENEWAL (3/08)
 (Stark County Regional Planning Commission Services, Inc., a non-profit agency DBA The Stock Pile)

Applicant _____

(Full Name)

Co-Applicant _____

(Must be living in household)

(Full Name)

Home

Address _____

(Street)

(City/Village)

(State)

(ZIP)

(County)

Mailing

Address _____

(If not same as above; Post Office Box, Street)

(City/Village)

(State)

(ZIP)

(County)

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

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

Household Income \$ _____ **NOTE:** Proof of Household Income is Gross Annual Income from *All sources (taxable and not taxable)* and *All persons (related and not related)* for the entire Household. (See the **back side** of this application for information pertaining to **required documents** for income verification.)

THE THREE (3) FOLLOWING ITEMS ARE NEEDED FOR HUD REPORTING PURPOSES.

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

I have completed this application for membership/renewal at The Stock Pile. The information provided by me is accurate and true to the best of my knowledge. I understand that my application may be denied and/or my membership terminated, if any contrary evidence should be detected. I also, understand that my membership may be suspended/terminated for non-renewal or noncompliance with program guidelines.

Applicant's Signature <input checked="" type="checkbox"/>	Date
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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.

PLEASE READ THE FOLLOWING INFORMATION

- **Completely fill out** this Individual Membership Application/Renewal form on the FRONT page.
- **Household Income includes proof of income for All persons (related and not related) from All sources (taxable and not taxable)** living at the address on the application. Incomes may include, but are not limited to; Wages, Salaries, Pensions, Retirements, Dividends, Interests Earned, Alimonies, Child Supports, Social Security Benefits, Supplemental Incomes, and Disabilities.
- **Attach current documents for GROSS ANNUAL INCOME FOR ALL PERSONS FROM ALL SOURCES. Required documents include; completed Federal Tax Returns, including all W-2 forms and all accompanying Schedules and attachments.**
If you do not file for taxes, the required documents may include, but are not limited to: 1099, W-2, Unemployment Compensation Entitlement, Social Security Benefit letter, Welfare Statement, Bank Statement (for direct deposit of pension, child support, alimony, dividends, Social Security, Supplemental Income, Disability benefits, etc.).
- **Ensure you phone numbers are correct.** If there are any questions and so that we may process your application as accurately as possible, a current phone number could prevent unnecessary delays. As this non-profit program is federally funded, it is very important that we abide by our guiding regulations, so your cooperative assistance in maintaining them is greatly appreciated.
- **Sign your name and date** on the **front of the application** at the bottom of the page.

If you have questions or need assistance in the completion of your application, call **330 455-4585**. **Voice Mail** is available for your convenience, so if you take the time to call us, please, take the time to leave us a message to expedite the processing of your membership application.

Thank you for your interest, cooperation and support in our building materials reuse program.

INNER OFFICE USE ONLY

INCOME LEVEL: Initial *the applicable category*, using the chart below, for the **Household (H/H) Income**.

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

I have reviewed the documentation provided by this applicant and have indicated the qualifying/non-qualifying Income Level according to current HUD standards.

Verifying Signature

Issue/Renewal Date

Stark County Income Limits	H/H Size	0-30%	31-50%	51-60%	61-80%
Inner Office Tracking:	1 person	11,500	19,200	23,040	30,750
_____ Membership Card	2 persons	13,150	21,950	26,340	35,100
_____ Dates/Newsletter	3 persons	14,800	24,700	29,640	39,500
_____ Agreement Signed	4 persons	16,450	27,450	32,940	43,900
_____ QuickBooks Job List	5 persons	17,750	29,650	35,580	47,400
_____ I / NP Excel Database	6 persons	19,100	31,850	38,220	50,900
	7 persons	20,400	34,050	40,860	54,450
	8 persons	21,700	36,250	43,500	57,950

(Revised 3/19/08)

Membership Number _____