



HALLETT CENTER OF CROSBY

# HEALTHY LIVING SCHOLARSHIP APPLICATION

OFFICE USE ONLY	
Reviewed by: _____	Date: _____
Member #: _____	Call/Letter: _____
<input type="checkbox"/> Awarded	<input type="checkbox"/> Declined _____
Award % _____	Monthly Dues \$ _____

Currently, scholarships are only available to people residing in the City of Crosby. HCC is committed to awarding income-based scholarships in a fair and consistent manner. **We therefore only accept applications that have all questions answered and all required documentation attached. Incomplete applications will not be processed.** Do not submit original documents. Please submit copies of all paperwork as any paperwork submitted will not be returned.

**All information provided in this application remains confidential and will not be shared with anyone outside of HCC.**

If eligible, discounts between 70% - 100% will be granted.

## REQUIRED DOCUMENTATION TO SUBMIT (Must provide all paperwork listed below)

- **Proof of Residency showing all people on the application reside within Crosby city limits.**
- **2023 Federal 1040 Tax Return**
- **Proof of Income** – Three (3) most recent pay stubs (for all working adults in household).
- **Proof of Shared Residency for all People on the Application**
- **Proof of Dependency for all Children on the Application**
- **Completed Application**

Please see the attached sheet, *Verification Guidelines*, for more information regarding income and financial support verification.

## PRIMARY APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ADDITIONAL MEMBER INFORMATION

Include all individuals you want on the membership. Maximum of 2 adults (in a domestic partnership) per account. People 21 & under are considered children.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**HOUSEHOLD INCOME** (The combined income of all individuals (18+) living in the household.)

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\$ \_\_\_\_\_ **total monthly household income**

What do you believe is an affordable, monthly price for the membership you are requesting? \$ \_\_\_\_\_

**ADDITIONAL QUESTIONS**

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1. Do you have your 2023 Federal 1040 Tax Return?  
 Yes  
 No
2. Are you and/or the other adult in the household currently employed?  
 Yes (three pay stubs from each working adult are required.)  
 No
3. Do you and/or the other adult receive government assistance and/or child support?  
 Yes – A copy of each government document is required for each adult. This may include a government issued statement showing benefit payments (MFIP, SSI, disability, child support, etc.).  
 No
4. Do you have dependents/children you are including on this application?  
 Yes – Must provide documentation to show all dependents on the application. Include the applicant's name, dependents name and shared address.  
 No
5. Has there been a change in your current income compared to the previous year?  
 Yes - Please provide an explanation on a separate piece of paper and attach to the application.  
 No

Please see the attached sheet, *Verification Guidelines*, for more information regarding income and financial support verification.

**CERTIFICATION**

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I certify that the information provided is accurate, truthful and includes proof of income for all adult applicants in the household, as well as documentation for all dependents. I understand that the information I have provided is subject to review and verification, and that an incomplete application will be denied. I understand that false information or deception on my part will result in the denial of assistance or prosecution to the fullest extent of the law. In addition, I also understand that should my financial situation change, I will notify the Hallett Center of Crosby ([info@hallettcenter.com](mailto:info@hallettcenter.com)). Denied applicants may wait six (6) months before reapplying.

Primary Applicant Name: \_\_\_\_\_

Primary Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Every section (front and back) must be completed, or the application will be denied.  
Return your completed application to the front desk at the Hallett Center of Crosby.

**Hallett Center of Crosby**

Attn: Scholarships  
470 8<sup>th</sup> Street NE  
Crosby, MN 56441  
(218) 546-2616



**HALLETT CENTER OF CROSBY**

**Name:** \_\_\_\_\_

## **HEALTHY LIVING SCHOLARSHIP VERIFICATION GUIDELINES**

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### **Income Verification Guidelines**

Each applicant will need to provide a copy of their current year 1040 federal tax returns (provided they have been filed) and any additional documents showing all the financial support they receive. Each working adult will need to provide a copy of their federal tax forms, whether you have filed separately or jointly. If your income tax return accurately reflects your current financial situation, then that is the only documentation that you will need. Gross income totals will be used during the qualification process.

If you are not required to file taxes, or have yet to file them, you will need to provide a minimum of (but not limited to) 2 sources showing your projected yearly income, financial support, and proof of dependency.

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### **Income & Financial Support Sources**

- Did you file federal income taxes?  Yes  No
- Does anyone else claim you as a dependent?  Yes  No
- Do you receive any Child Support or Alimony?  Yes  No
- Do you receive any Government Assistance Support?  Yes  No
- Do you receive monthly SSI or SSDI?  Yes  No
- Do you receive a Pension or Retirement?  Yes  No
- Do you receive Weekly Unemployment?  Yes  No
- Do you receive other monthly financial supports?  Yes  No

If yes, what is the source of income? \_\_\_\_\_

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If you have checked "Yes" for any of the questions above, then you will need to have a document source of acceptable income verification for it.

Please see the reverse side for acceptable source of income verification.

Please note that if you have filed taxes and it is not an accurate reflection of your current income you will need to bring documentation that shows otherwise.

Proof of dependency is required.

## INCOME & FINANCIAL SUPPORT VERIFICATION DOCUMENTATION

Provide a copy of a 1040 federal tax return document (handwritten forms are not valid).

Approved 1040 federal tax return document options: 1040, 1040A, 1040EZ, 1040NR, 1040X, or 1040 Schedule C

OR

Provide a minimum of 2 sources of income verification: (One of the two sources must show annual household income amount)

1. Social Security Income (SSI) or Social Security Disability (SSDI).
2. Government Assistance: MFIP, SNAP, General Assistance, Grants, Loans, Cash Allowances, Rental Assistance, Childcare Assistance, etc.
3. Unemployment Statement
4. Letter of Termination from Employer
5. Pay Stubs for each working adult (3 most recent).
6. Self-Employed: 1040 income on Schedule C or quarterly income statement. Income before deductions.
7. MN Care or Medical Assistance (MA) letter stating who is eligible or covered by it. (A copy of the card is NOT acceptable documentation).
8. Pension or Retirement
9. Child Support Income & Alimony
10. Bank Statements that show income source (minimum of 3 months)
11. Letter of Financial Statement from an organization that has knowledge of the applicant's financial support status, household size and situation. This must be on a letterhead and cannot be a relative, a friend, or an HCC employee. This is not required unless needed for a second verification.
12. Student Loan living expense portion.

***If there is not a current income verification, zero income, negative income or not approved documentation of income, a Healthy Living Scholarship Application cannot be processed.***

## PROOF OF DEPENDENT(S)

Provide a minimum of 1 document of dependent(s) verification:

1. Dependents claimed on approved 1040 federal tax return documents.
2. Social Security Income (SSI) or Social Security Disability (SSDI): benefit will be addressed to the parent, but the child's name will be listed on the same document.
3. Professional Letter from Landlord
4. Government Assistance Documentation Listing Household Size
5. MN Care or Medical Assistance (MA) documentation or letter stating who is eligible or insured with the same address listed as parent or guardians (a copy of the card is NOT acceptable documentation).
6. If Renting or Leasing, children's names are listed on the lease as living in the household.
7. Child Support Statement showing how much they are paying out, receiving, or showing 50% custody. (If children are not claimed as dependents when filing taxes each year.)
8. Report Card from School with parent or guardian's name and child's name present.
9. Transfer of Parental Rights notarized or legal documentation.
10. Custody Agreement, legal documentation, or a signed document on letterhead from a mediator.
11. Adopted or Foster Children documentation (foster child GA income should be included in total income).
12. Letter from a Guardian ad Litem working with the family.