

HILLSIDE

610 East 4th Street | Duluth, MN 55805
218.728.0884



DENFELD

4426 Grand Avenue | Duluth, MN 55807
OPENING IN 2015

FRAN SKINNER MEMORIAL MATCHING FUND APPLICATION

Please submit no sooner than two months before the expiration date of membership.

Fund applications are not considered until final equity payments are due. Applicants who submit a request more than two months prior to the expiration date of their membership will be asked to recertify their program participation at the time the application is considered by the Board.

► **Owner Information:** (Must be first person named on membership application) **Date:** _____

Owner Number: _____ Owner Name: _____
(please print)

Street Address: _____ Apt: _____
(CSC please verify and update as needed)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

► **Eligibility:**

Present proof of current participation in one of the following programs:
(CSC please verify and circle one)

- 1 Emergency Assistance Program** (e.g., through St. Louis County or the Salvation Army)
- 2 Energy Assistance Program** (e.g., AEOA)
- 3 Medicaid**
- 4 Section 8 or HRA Housing Program**
- 5 School Meal Program**
- 6 SNAP** (formerly Food Stamps)
- 7 Social Security Disability Insurance** (SSI or RSDI)
- 8 WIC** (Women, Infants, Children Food Supplement Program)

► **Identification and proof of participation verified by:** _____
(Signature of WFC employee)

► **Owner Signature:** _____ **Date:** _____
(Must be first person named on membership application)

Office Use

Date Received: _____ Current Equity Paid: \$ _____ Status: _____