

COTEAU COMMUNITY MARKET

LIMITED-INCOME MEMBERSHIP (LIME)

APPLICATION

Name: _____

If you are a participant in one or more of the following programs, you automatically qualify for membership financial assistance (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Low Income Energy Assistance Program (LIEAP) | <input type="checkbox"/> Security Deposit Assistance Program (SDAP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Refugee Cash Assistance (RCA) | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP/EBT) |
| <input type="checkbox"/> Refugee Medical Assistance (RMA) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Section 8 Housing | <input type="checkbox"/> Women, Infants, and Children (WIC) |

I will make payments in the following manner until my membership is paid in full:

\$5 or more minimum annual payment Due the ____ of _____

Start date (today): ____/____/____ Initial payment: \$_____

If you aren't a participant in any of the programs listed above but still can't quite make ends meet, you can make payments for your membership over the space of a year. Simply choose one of the methods below.

I will make payments in the following manner over the next year until my membership is paid in full:

\$10 Monthly (10 payments) Due the ____ of the month

Start date (today): ____/____/____ End date: ____/____/____

\$25 Quarterly (4 payments, three months apart)

First payment (today): ____/____/____ Second payment: ____/____/____

Third payment: ____/____/____ Fourth payment: ____/____/____

Bi-annually (2 payments, six months apart)

First payment (today): ____/____/____ Second payment: ____/____/____

Please initial the following statements to signify your agreement:

____ I understand that memberships are non-refundable.

____ I agree to make payments as laid out on this form and understand that missing payments without making arrangements with Coteau Community Market means that the balance of my membership equity is due in full by the end of the following month. If payment has not been made in full by then, I understand that my membership will be terminated.

____ I understand that any patronage refunds due to me will be applied to the balance due on my membership until my membership is paid in full.

____ I understand that falsely stating I am a recipient of one of the programs listed above means that my membership will be terminated immediately upon discovery and that I will no longer be eligible for membership to Coteau Community Market.

Signature

____/____/____
Date

FOR OFFICE USE ONLY

Membership number: _____

Payment arrangements entered into membership database

Name: _____ Date: ____/____/____