



# Client Application

## **INCOME & AID ELIGIBILITY**

***Please attach or email a copy of 30 days worth of all current income (i.e. Pay stubs)***

***Please request youth applicant's current year transcripts to be mailed to our admissions office location listed on the bottom of every page.***

1. In a married household, one spouse must be employed when children are under the legally employable age of 16.
2. In a single household, the adult must be legally employed.
3. In a household with legally employable youth ages 16+, and two parents/legal guardians who do not work, the child must work.
4. In a household with legally employable youth ages 16+, and only one parent/legal guardian, if the one parent/legal guardian who does not work, the child must work.
5. In a household with one+ legally employable youth ages 16+, both parents/guardians who do not work, and a child under the legal employment age of 16, a 16+ year old child must work for the U16 child to receive aid.

*Please note,*

*Health Possible Inc. is a 501(c)(3) Nonprofit Corporation in the State of North Carolina  
and with the Internal Revenue Service.*

*You could be requested at random to file a Tax Transcript to finalize the verification of income  
to protect the rightful doing of the corporation's funds.*



### APPLICANT INFORMATION

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_\_

Apartment/Suite Number: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_

Does your place of living have a liable exercise/fitness facility that you have regular access to?      Y      N

If yes, please explain (i.e. home gym, apartment complex gym, tennis courts, etc.): \_\_\_\_\_

### FAMILY & MEDICAL HISTORY

Height: \_\_\_\_\_' \_\_\_\_\_"      Weight: \_\_\_\_\_ lbs.

You identify as which race or ethnicity:

\_\_\_ White      \_\_\_ Black      \_\_\_ Asian      \_\_\_ Hispanic      \_\_\_ Indian      \_\_\_ Other

You identify as which gender:      \_\_\_ M      \_\_\_ F

Have you ever identified as the opposite sex:      \_\_\_ Y      \_\_\_ N

If [ever] female, are you currently pregnant:      \_\_\_ Y      \_\_\_ N

Marital Status:      \_\_\_ Single      \_\_\_ Married      \_\_\_ Divorced      \_\_\_ Widowed

Does your spouse work:      \_\_\_ Y      \_\_\_ N





Address:

\_\_\_\_\_

City:

State:

Zip:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business' Phone Number:

Website:

(\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

Corporate Wellness Program:      Y      N

Are you currently employed?      Y      N

What is your hourly rate or salary?      \$ \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

### APPLICANT'S HIGHEST EDUCATION

Name of School:

\_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years Attended:      From

To

\_\_\_\_\_

\_\_\_\_\_

Graduated      Y      N

Degree Earned

GPA

Access to School Fitness Center:      Y      N

\_\_\_\_\_

If applicant is currently enrolled as a student, **please request and send transcripts** from current school year. Please state here whether the student is currently enrolled in a physical education class, health class, and/or involved in any health and fitness programs (physical or educational).