



**Staying in Place**  
PO Box 1324  
Woodstock, NY 12498  
(845) 514 4891  
stayinginplace@gmail.com

Application for membership subsidy

Name .....

Address .....

Phone..... Cell phone..... email.....

Number of persons in household ..... Number age 50 or older .....

Do you receive assistance in the form of SSI, HEAP, SNAP (food stamps), Medicaid, Medicare Savings Program or Extra Help? Circle those that apply.

If not, what is your annual household income? .....

How much can you pay toward the membership fee?

You may describe on the back of this form any special circumstances that affect your ability to pay the membership fee, i.e. extraordinary medical bills, extraordinary debt.

All information provided is true and can be verified.

Signature .....

Please return this form to above address.