



## Habitot Children's Museum Membership Application

Habitot's Family & Community Partnerships program offers a limited number of subsidized *Family Plus* memberships to qualifying families. These *Family Plus* memberships include one year's free admission to Habitot for the immediate family, access to our libraries of toys and parenting resources, and unlimited guests on Membership Appreciation Days. It does not include free admission to other museums. In order to qualify, please fill out both sides of this form in full and provide requested documentation. Don't hesitate to contact us at (510) 647-1111 ext. 15 if you have any questions.

	Today's date	Your membership number (if applicable)	
Personal Information	Your first name	Last name	
	Your spouse/partner's name (if applicable)	Last Name	
	Home address (number and street)	Apt. Number	
	City, state and ZIP code		
Contact	Your home phone	Cell phone	
	Work phone	E-mail address	
Children	Child's first name	Birthdate	
	Child's first name	Birthdate	
	Child's first name	Birthdate	

**Tell us about your family.** Why are you applying for a subsidized membership? In the space below, please briefly describe your family's financial circumstances.

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**Turn over: More on Back →**

<b>Finances</b>	<b>How many people are in your family</b> , including yourself, your spouse/partner, and all your dependents?	
	<b>What is your household's annual income before taxes?</b> Please estimate if you do not file a tax return.	

*The following section explains how to provide documentation in support of your membership application. If you do not have access to a copy machine, we can make copies for you at Habitot.*

<b>Documentation</b>	<b>Did you file a federal tax return for the most recent tax year?</b> If so, please provide a copy of the first page of your return. If not, please provide a copy of your last W2 form(s), or call us to discuss.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Do you receive WIC benefits or FoodStamps?</b> If so, please provide a copy of your WIC book or your WIC card or a recent FoodStamp/check.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Do you receive CalWORKS benefits?</b> If so, please provide a copy of your most recent CalWORKS statement. Ask your worker if you need a new statement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you disabled? Or, do you receive SSI benefits?</b> If you are on SSI, please ask a Social Security office for a statement. The Downtown Berkeley office is at 2045 Allston Wy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you a teen parent?</b> If so, please provide a copy of your driver's license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you homeless or living in transitional housing?</b> If you are in transitional housing, please ask your provider/agency for a letter confirming your status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Are you a graduate student?</b> If so, please provide a copy of your student ID and current class schedule or registration confirmation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature** I confirm that the information I have provided on this form is true, correct and complete to the best of my knowledge.  
**X** \_\_\_\_\_

<u>Mailing Address:</u> <b>1563 Solano Ave. #326</b> <b>Berkeley, CA 94707</b>	<u>Street Address:</u> <b>2065 Kittredge St.</b> <b>Berkeley, CA 94704</b>
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Office Use Only

<p style="text-align: center; margin-bottom: 0;">Staff Notes</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>Date Received _____</p> <p>Membership Awarded _____</p> <p>Amount to Pay _____</p> <p>Amount Subsidized _____</p> <p>Date Paid / Activated _____</p> <p>Staff Initials _____</p> <p>Entered in Database _____</p>
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