

## City of Lafayette Lamorinda Village Supported Membership Application



Thank you for your interest in the City of Lafayette – Lamorinda Village Supported Membership Program. To benefit from Supported Membership, an individual's annual income must be below \$78,550 and an individual + spouse/partner must have an annual household income below \$89,750. If you are eligible, please fill out the application below to be considered for Supported Membership. Applications will be reviewed during enrollment periods throughout the year, and Supported Membership will be granted to Lafayette applicants based on income, service needs, available funds and available memberships.

Date of Birth:	Gender:	□ <sub>F</sub> □ м	Email:
Address:			Lafayette, 94549
Spouse/Partner (	in same household):		
Date of Birth:	Gender:	☐ F ☐ M	Email:
Home:	Cell:		Cell 2:
Resident of:	Belle Terre	] Chateau	Lafayette
	I am interested in the follow	ving Lamorinc	da Village Services:
Transportation	☐ Grocery Shopping ☐So	cial Events	Computer Help Handyman Service
Other			
ify that I am eligible	for Supported Membership. ( Please have Lamorinda		ask for additional information or verificant to the second section of the second secon
Signature	Date		ed Name

Lamorinda Village will contact you if your application is accepted by the City of Lafayette.

Completed Applications may be submitted to Lafayette Senior Service or Lamorinda Village Staff 500 St. Mary's Road, Lafayette, CA 94549 or Seniors@LoveLafayette.org (925)284-5050