

## **Application Guidelines For Discounted BJ's Wholesale Club Membership Lottery**

BJ's Wholesale Club is opening its first Bronx location at the Gateway Center at the Bronx Terminal Market in 2009. Through negotiations between BJ's Wholesale Club, the Gateway Center developer and the Bronx Gateway Coalition (aka the Gateway Community Benefits Agreement Task Force) BJ's Inner Circle one-year memberships valued at \$45 will be made available to 2,000 Bronx households at a cost of \$20 (taxes may apply).

Please note the following before completing and returning this application:

1. This program is open to Bronx residents only.
2. Applications will be randomly drawn and opened in a lottery process monitored by the Bronx Gateway Coalition. Depending on the volume of applications received, it may not be possible for all of them to be opened. Accordingly, it is possible that you may not receive a response.
3. Each applicant may submit only one (1) application. Duplicate applications/submissions will result in disqualification.
4. The application should be filled out carefully. Incomplete applications may result in disqualification.
5. ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION. If your application is selected for further processing, additional information will be requested at that time.
6. Income Eligibility: This program is intended to maximize the opportunities for Bronx residents with limited income to access nutritional food programs. Eligible applicants must receive food stamps and be eligible for WIC. If your application is selected for processing, you must be able to present a current food stamp card at the interview and a letter from your HRA caseworker. Those who have a current WIC card must bring it to the interview.
7. Selection & Priorities: Applications will be selected by lottery and be prioritized as follows: 875 (43.75%) of memberships will go to residents of Bronx Community Board 4; 275 (13.75%) of memberships will go to residents of Bronx Community Board 1; 88 memberships (4.40%) will go to each of the following Bronx Community Boards: 2, 3, 5 and 6; 83 (4.15%) of memberships will go to each of the following Community Boards: 7, 8, 9, 10, 11 and 12.
8. Submission of False or Incomplete Information: The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will result in an applicant's disqualification.

Once you have reviewed all of this information, please complete and return the enclosed application. The completed application must be returned BY REGULAR MAIL ONLY to the following POST OFFICE BOX:

**Bronx Gateway Coalition  
P.O. Box 5075  
Bronx NY 10451  
Attn: Discounted BJ's Wholesale Club Membership Lottery**

**The application deadline is Monday, August 31, 2009.** Applications postmarked after the deadline will be set aside on a waiting list for possible future consideration.

*(Al reverso en español)*

# Application for Discounted BJ's Wholesale Club Membership

## Instructions

1. Mail only one (1) application per family. **You will be disqualified if more than one application per family is received.**
2. When completed, this application must be returned by **regular mail** only. DO NOT SEND BY REGISTERED OR CERTIFIED MAIL.
3. The completed application must be postmarked no later than **Monday, August 31, 2009**. Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to: **Bronx Gateway Coalition**  
**P.O. Box 5075**  
**Bronx NY 10451**  
**Attn: Discounted BJ's Wholesale Club Membership Lottery**
5. No payment should be given to anyone in connection with the preparation or filing of this application.
6. This information is to be filled out by the **APPLICANT**.

### A. Name and Address

Name \_\_\_\_\_

Current Address \_\_\_\_\_ (Number, street, apt.#)  
\_\_\_\_\_ (City, State, Zip)

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_) \_\_\_\_\_

How long have you been living at this address? \_\_\_\_\_ years \_\_\_\_\_ months

### B. Household Information

How many persons in your household, including yourself \_\_\_\_\_

List all of the people who live in your household, starting with yourself, and provide the following information. Add additional pages if necessary.

Full Name	Relationship to Applicant	Date of Birth	Age	Sex	Occupation (F/T for full-time student, P/T for part-time student)
1.	Self				
2.					
3.					
4.					
5.					

### C. Eligibility

Are you currently receiving food stamps? \_\_\_ Yes \_\_\_ No \_\_\_ (do not complete application; you are not eligible)

Do you have a current WIC ID card or can you obtain a letter from your HRA caseworker indicating your eligibility for WIC? \_\_\_ Yes \_\_\_ No \_\_\_ (do not complete application; you are not eligible)

### D. Source of information

How did you hear about this program?

- ( ) Website/Internet                      ( ) Local Organization/Church  
 ( ) Newspaper                              ( ) Friend  
 ( ) Sign Posted on Building              ( ) Other \_\_\_\_\_

### E. Ethnic Identification (Used for statistical purposes only).

This information is optional and will not affect the processing of the application.

Please check one group which best identifies the applicant.

- ( ) White (non Hispanic origin)  
 ( ) Black (non Hispanic origin)  
 ( ) Hispanic origin  
 ( ) Asian or Pacific Islander  
 ( ) American Indian or Alaskan Native  
 ( ) Other: \_\_\_\_\_

### F. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Al reverso en español)**