

Community Bikes Application 2024

Name of applicant: _____

Address (street, number, city/town): _____

Phone (home): _____ Cell: _____

Email: _____

Age: _____ M/F: _____ Height: _____ Weight: _____

Contact person (if other than applicant):

Phone (home): _____ Cell: _____

Email: _____

Eligibility

Please indicate if you are currently eligible for one or more of the following (verification may be required): Medicaid SNAP SSI SSD

If you are not currently eligible for any of the above, you may still be eligible to receive a bike if you have special circumstances or other demonstrated need. Please briefly describe:

Bike Day Preference:

Hamilton (Sat., May 4) Oneida (Sun., May 19) by appointment (contact us)

Please return to: Community Bikes, P.O. Box 513, Hamilton, NY 13346 or
email to: bikes@communitybikes.org

*Applications must be returned at least one week in advance of receiving a bike.
www.communitybikes.org, Phone: 315-825-1361