



GOOD HARBOR HILL COUPON



20 East First Street • PO Box 813 • Grand Marais, MN 55604 • 218.387.2503 • www.cookcounty.coop

APPLICATION FORM

More great savings from your Co-op

Love healthy food, but shopping on a limited budget? As our Co-op grows, we want to give more back. What we can do today is offer the Good Harbor Hill Coupon to owners shopping with a limited income. **It's an additional quarterly \$5 dollar coupon credited to your purchase when you spend \$25 or more on a shopping trip.**

Here at Cook County Whole Foods Co-op, we have a vision of a future where healthy, sustainable foods are readily available to everyone, regardless of income... Let's get there together!

Do I qualify for the Good Harbor Hill Coupon?

Check your Adjusted Gross Income (AGI) on your most recent federal tax return: **line 4 on Form 1040EZ, line 21 on Form 1040A, or line 37 on Form 1040.** You are eligible for the Good Harbor Hill Coupon if your AGI is equal to or less than the Annual Adjusted Gross Incomes listed below:

Family Size	Annual AGI
One	\$23,340
Two	\$31,460
Three	\$39,580
Four	\$47,700
Five	\$55,820
Six	\$63,940
Seven	\$72,060
Eight	\$80,180

Add \$8,120 of allowable income for each additional dependent.

We don't need to see the proofs. We do ask, however, that if your economic situation changes and you no longer need the GHH Coupon, please notify us so that we can route the money to others in need.

How to apply:

1. Fill out the info below, sign, and date, or fill it out online: http://www.cookcounty.coop/need_based_coupon.php
2. Return your application to us in person or by mail.

All information remains confidential. Even to the cashiers: they only see that your quarterly coupon is available to use. It doesn't appear any different than the standard coupon.

Name _____ Owner Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

I certify that my current Annual Adjusted Gross Income (AGI) is less than or equal to the listed guidelines, and that I will notify Cook County Whole Foods Co-op if my situation changes and I no longer qualify.

Signature _____ Date _____