

Community Bikes Application 2026

Name of applicant _____

Address _____

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 (Sun., May 3) _____ Oneida (Sat., May 16)

_____ Other 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