



ADAIR COUNTY FAMILY YMCA Membership Assistance Application

General Information

The Adair County Family YMCA is not for profit organization. The YMCA was established in 1844 in London, England. The Y has many staying powers, but one main reason is simply because we never turn away anyone due to the inability to pay.

What is the Membership Assistance Program?

The Membership Assistance Program provides families and individuals in need with financial support to participate in the Adair County Family YMCA's membership and programs. It is funded through the United Way and personal contributions by community members, it is **not** a discount.

How will the financial assistance amount be determined?

We use a sliding fee scale, based on total household income and number of dependents in the household. This determines the amount of assistance we are able to provide. Everyone is asked to pay a portion of the membership and/or program. We do not provide 100% assistance.

How long will the financial assistance continue?

The need for financial assistance is reassessed annually.

What if I cancel my membership?

If you chose to cancel your membership after you are awarded assistance, you will need to wait **1 calendar year** before you are eligible to reapply for assistance.

How quickly can I expect to receive financial assistance?

Applications are reviewed every two weeks and we will send you a letter with information about your membership assistance benefits. To avoid a delay in this process, be sure to answer all questions on the application and attach the requested documents. Please make sure to apply for financial assistance at least two weeks before any program deadlines (i.e. soccer, flag football, etc.).

Can I come in and pay my membership fee month to month?

Memberships may be drafted monthly through a savings or checking account. You may also pay the annually fee in full.

HOW TO APPLY

1. Complete the Membership assistance Application Form and return it to the YMCA.
2. Submit copies of the following documents:
 - a. Copy of the first page of your most recent Federal Income Tax Form and/or SSI statement
 - b. Copy of recent paycheck stub*(Include copies for all individuals contributing to household income)*
3. A letter will be mailed to you explaining your membership assistance benefits. If you feel that you are in need of more assistance than provided, you can schedule an appointment with the Assistant Director to discuss your specific situation and needs.

The Y: We're for youth development, healthy living and social responsibility.



Adair County Family YMCA

MEMBERSHIP ASSISTANCE APPLICATION

Confidential



Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____

Family members: # Adults _____ # Children _____

(A family member must be claimed as a dependent on your tax return.)

This application is for which type of assistance? (choose one)

- Youth Adult Family Single Parent Family
- Senior Senior Couple College Student Summer Day Camp

If adult, do you have a mental or physical disability? Yes ___ No ___

Name(s) of person(s) to receive assistance (these are the names of the people included in your membership:
NOTE: The YMCA uses the same guidelines as the federal government. "Family" is defined as married people in the same household. If adults are in the same household are not married, you should apply for separate adult memberships. Eligible children must be dependents (people you claim on your taxes.)

1. _____ Date of Birth _____ Age _____ M/F
2. _____ Date of Birth _____ Age _____ M/F
3. _____ Date of Birth _____ Age _____ M/F
4. _____ Date of Birth _____ Age _____ M/F

Are any of the above current members? Yes ___ No ___ If so, what is the expiration date? _____

Father/Guardian's employer: _____

Mother/Guardian's employer: _____

Monthly gross income from all sources \$ _____

What was your family's annual gross income for last year? \$ _____

***Please provide a copy of the first page of your most recent tax form 1040 or a SSI Benefit statement. We can't process your application until we have verification of your income.**

Our financial assistance program is made possible by countless volunteers who reach out to the community and raise money for our Strong Kids Campaign. Please explain why you would like to be considered for financial assistance at the YMCA and what it would mean to your family. (Use additional page if needed)

I certify that the above information is true and complete to the best of my knowledge. In addition, I understand my/our membership privileges are subject to the same policies of a full membership.

Signed _____

Date _____