

Welcome To Your Aberdeen Family YMCA

Membership Assistance Program

Please Print and Read Thoroughly:

Applicants Name: _____ **Date:** _____

The Aberdeen Family YMCA is a nonprofit community based organization committed to helping people achieve their full potential in spirit, mind and body. The funds available for the YMCA Membership Assistance Program are made possible through the generosity of our members and donors in our Strong Kids annual support campaign the Brown County United Way. These funds are available to people of all ages, backgrounds, abilities and incomes.

In order to provide financial assistance in a fair and consistent manner, the Aberdeen Family YMCA requires that individuals provide the requested information on the attached form regarding income, family size and expenses. All personal information will be kept confidential. The YMCA will review assistance eligibility after a six – month period, and you may be required to reapply and / or your fees may be subject to change. If you do not reapply when requested, your enrollment may be terminated.

The following documents are required before your application can be processed:

- _____ A Copy of your 2010 Income Tax Form that you submitted to the Internal Revenue Service (IRS)
NOTE: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040)
- _____ Copies of the last two pay stubs from all adults living in household.

OR

- _____ Copy of Social Security or Disability Checks (or copy of bank statements showing amount of automatic monthly deposits)
- _____ Documentation of any Federal Assistance such as food stamps, housing allowances, TSNF etc.
- _____ Child support agreement

A YMCA director will determine financial assistance eligibility after thoroughly reviewing your application. Your application will not be processed until all required documents are provided. Please allow one week to process your application. You will be notified within one week if your application has been approved or if you need to submit additional information.

The amount of subsidy available will be based on a sliding fee scale according to your household income. Upon determination of your membership rate you will be asked to make payment through one of two methods; monthly bank withdrawal (bank draft) from your personal checking or savings account or if you prefer, you may pay for your membership annually.

All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance. YMCA members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people, and organization committed to building strong kids, strong families and strong communities.

Date Received: _____

Y Team Member Initials: _____

Aberdeen Family YMCA

Request for Financial Assistance

Please contact a YMCA team member if need help filling out the required information. 225-4910

Please Check The Membership Type You Are Requesting

() Youth () Jr.Hi/H.S. () Young Adult(18-23) () Adult () Couple () Family () Single Parent Family

Please Print

Date: _____

Applicant's (Adult) Name _____ Home Phone (_____) _____

Home Address _____ City _____ State _____ Zip Code _____

Place of Employment _____ Business Phone (_____) _____

_____ Full Time _____ Part Time _____ Hours per Week _____ Self Employed _____ Seasonal Work

Spouse _____ Home Phone (_____) _____

Place of Employment _____ Business Phone (_____) _____

_____ Full Time _____ Part Time _____ Hours per Week _____ Self Employed _____ Seasonal Work

Total number of persons dependent on income per income tax return: _____

All Person(s) Seeking Financial Assistance

	First	Last	Age	Sex	Date of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Have you previously received financial assistance at the YMCA? Yes _____ No _____

What amount can you pay toward the membership or program fee? \$ _____

Are you available to volunteer in exchange for financial assistance? _____

Total Gross Household Income – You must match documentation to support all income.

Applicants Employment:	\$ _____	____ Monthly	____ Annually
Spouses Employment:	\$ _____	____ Monthly	____ Annually
Unemployment	\$ _____	____ Monthly	____ Annually
Child Support:	\$ _____	____ Monthly	____ Annually
Disability / Work Comp.	\$ _____	____ Monthly	____ Annually
Social Security	\$ _____	____ Monthly	____ Annually
WIC	\$ _____	____ Monthly	____ Annually
Food Stamps	\$ _____	____ Monthly	____ Annually
Energy Assistance	\$ _____	____ Monthly	____ Annually
Housing Assistance	\$ _____	____ Monthly	____ Annually
Medical Assistance	\$ _____	____ Monthly	____ Annually
TANF	\$ _____	____ Monthly	____ Annually
Other Income	\$ _____	____ Monthly	____ Annually
TOTAL INCOME	\$ _____	____ Monthly	____ Annually

Please list principle monthly expenses and extraordinary expenses (medical / alimony etc) below.

Mortgage:\$ _____	Car Insurance: \$ _____	Other:\$ _____
Utilities:\$ _____	Cell Phone: \$ _____	Other:\$ _____
Car Payment:\$ _____	Other:\$ _____	Other:\$ _____

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc) _____

Have you applied for financial assistance through another agency? Yes _____ No _____
If yes and you have been denied, please state with what agency and why:

I certify that the information provided on this form is accurate to the best of my knowledge. I hereby give permission for the Aberdeen Family YMCA to use my information, excluding my name and address, to seek future funding. I further understand that false statements or information are punishable under the Federal Law and State Law 157.29.1

False information may also be reason to terminate your YMCA Scholarship.

Within the limits of available funding, the YMCA does not refuse membership or program services to any person because of a proven inability to pay the cost of participation. The maximum amount of subsidy available will be based on a sliding fee scale according to an individual's income, but will not exceed 65% of an Individual / Couple / Single Parent Family or Family Membership. In an effort to sponsor all individuals in need and foster a sense of ownership, it is necessary that everyone pay a portion of their fee.

Signature _____ Date _____

