



## Jackson YMCA Membership Assistance Application

### The Jackson YMCA Mission:

To put Christian Principals into practice through programs that build healthy Spirit, Mind and Body for ALL.

### In order to process your application, we need the following:

#### 1. Proof of ALL household income, which includes:

- \_\_\_\_\_ **Copy of last year's Tax Form 1040** - If you did not file taxes, submit a letter explaining your financial situation.
- \_\_\_\_\_ **Copy of your last 2 (two) pay stubs** - Or verification of income from your employer, we will need verification of your spouse's income if you are married.
- \_\_\_\_\_ **Verification of social security or disability checks** - A letter or a copy of your bank statement showing the amount of the automatic monthly deposit.
- \_\_\_\_\_ **Copy of a statement verifying any dollar amount of State, Federal, or other assistance you receive** - Such as food stamps, unemployment, etc.
- \_\_\_\_\_ **Verification of any child support you receive.**

#### 2. Copy of photo ID for each adult on the membership.

#### 3. Proof of all legal dependents - Tax form 1040, birth certificate, or adoption /custody papers etc.

Adult children up to age 25 may be on their parent's family membership with either proof of full time student status or if the children appear on the tax form 1040.

#### 4. Complete the Assistance Application and Income Worksheet – Applications must be complete.

### **Important Information: PLEASE READ CAREFULLY!**

**How much will I pay?** Assistance is awarded using a sliding scale designed to fit your financial situation. The amount of assistance you receive will be based on your gross income and the number of dependants (based on IRS tax standards) in your household. There are no full scholarships. **If you qualify, your assistance will be a discount amount between 10% and 50% off of the one time join fee and monthly membership fees.** Once you are a member, you can also use your discount on youth program fees. **The maximum discount on youth programs is 50%.** The discount amount will come off of the member rate. To open your membership you will need to pay your join fee and the first month of dues.

**How will I know if I qualify?** Once your application is reviewed you will receive a phone call. If we cannot reach you, a letter will be sent to you. If your application is not complete, you will receive a phone call or letter to inform you of what is needed to process your application. Once you return the requested information, it may take up to an additional week to process. Incomplete applications will only be kept on file for 1 month. Please contact us immediately if your phone number or address changes. Applications are processed in the order that they are received. You will be contacted as soon as possible. You have 30 days from the day that you are contacted to come open your membership. After 30 days, the file will be destroyed and you will need to reapply.

# Membership Assistance Application

<b>Office Use:</b> Date _____ Staff _____ New Member / Renewal \$ _____ Past Due Balance _____ <input type="checkbox"/> Converting to FA <input type="checkbox"/> Intake Noted in Computer <input type="checkbox"/> Member I.D.# _____
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## PERSONAL INFORMATION:

**Applying Adult** (or parent/guardian if applicant is under 18)

Full Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a full time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you married? \_\_\_\_\_ If yes, spouses full name \_\_\_\_\_

Total number of dependents \_\_\_\_\_ Is spouse a full-time student? \_\_\_\_\_

List names (last names too, if different from applicant) of all dependents and date of birth.

1. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

2. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

3. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

4. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

5. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

6. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

7. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

8. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

9. \_\_\_\_\_ D.O.B \_\_\_\_\_ Relationship to primary member \_\_\_\_\_

**TYPE OF MEMBERSHIP:** If you qualify for financial assistance, you can also apply your discount to youth program fees after you become a member.

\_\_\_\_\_ Adult (27+ yrs)

\_\_\_\_\_ Young Adult (18-26 yrs)

\_\_\_\_\_ Single Parent Family (One adult and IRS dependants)

\_\_\_\_\_ Family (Two married adults and IRS dependants)

\_\_\_\_\_ Teen (12 – 17 yrs)

\_\_\_\_\_ Youth (3-11 yrs)

**\*Must be completed and with all supporting documentation to be processed\***

**MONTHLY INCOME**

\*Statement of amount must be provided\*

- \$ \_\_\_\_\_ Your Gross Monthly Pay (Minimum of 2 pay stubs)
- \$ \_\_\_\_\_ Spouse's Gross Monthly Pay (Minimum of 2 pay stubs)
- \$ \_\_\_\_\_ Child Support/Foster Care/Adoption Subsidy
- \$ \_\_\_\_\_ Public Assistance (Food and/or Cash)
- \$ \_\_\_\_\_ Alimony
- \$ \_\_\_\_\_ SSI
- \$ \_\_\_\_\_ Disability
- \$ \_\_\_\_\_ Other (Please Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ **Total Monthly Income (Household)**  
\$ \_\_\_\_\_ **Total Annual Income (Household)**

**EMPLOYMENT INFORMATION**

- Are you currently employed? \_\_\_\_\_
- Part-time or Full-time? \_\_\_\_\_
- Who is your employer? \_\_\_\_\_
- Length of employment? \_\_\_\_\_
- How often are you paid? (Circle one) Weekly / Bi-Weekly / Other \_\_\_\_\_
- Is your spouse currently employed? \_\_\_\_\_
- Part-time or Full-time? \_\_\_\_\_
- Who is their employer? \_\_\_\_\_
- Length of employment? \_\_\_\_\_
- How often are you paid? (Circle one) Weekly / Bi-Weekly / Other \_\_\_\_\_

Do you share expenses with anyone else in your household? \_\_\_\_\_ Total number in household \_\_\_\_\_  
How much can you afford to pay per month? \_\_\_\_\_  
Special Circumstances that affect your ability to pay: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information I have submitted is correct. If my situation changes, I agree to notify the YMCA within 30 days. I understand that if I submit false or inaccurate information, or fail to notify the YMCA of any changes within 30 days, I may be terminated from the financial assistance program.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**