



## FINANCIAL ASSISTANCE APPLICATION

The YMCA of Lenawee County offers membership and program participation for all within the available resources of the association. Anyone who is not able to pay the standard membership and program fees may be awarded financial assistance based on their income and household size as well as their demonstrated inability to pay. Applicants must work or reside in the YMCA service area. Applying for financial assistance is confidential. Make sure that you have signed and dated your application.

### REQUIRED INCOME DOCUMENTATION

- Originals may not be accepted – **ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED!**
- Approved Applications must be redeemed within 6 months of approval.
- Approved Applications that are NOT redeemed within 6 months of approval will be shredded! The Application process will then start over should you wish to re-apply.

### THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO ALL APPLICATIONS – WITHOUT EXCEPTIONS:

- To prove the dependency status of those that you list on your application, a current year Income Tax Return, form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS) **is required.**
- IRS can be contacted at 1-800-829-1040
- W2s are NOT accepted.
- Child Care Only: Applications will only be reviewed after applicant is denied assistance with Child Daycare from The Department of Human Services.

### PLEASE SUBMITT ALL OF THE FOLLOWING THAT APPLY

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income.
- If pay stubs are not available, provide a letter of employment specifying gross salary, signed and dated by employer on company letterhead.
- Social Security Administration Letter (SSI or Disability)
- Unemployment Statement
- Retirement
- Pension
- Welfare (Cash Assistance)
- Section 8
- TANF (Temporary Assistance to Needy Families)
- FAP (Food Assistance Program) Food Stamps
- Foster Care Subsidy Letter
- Student Loans

### DEPENDENT STUDENTS:

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered a dependent student if any of the following applies:

- Claimed by parents(s) in their Income Tax Return
- Living at the same address

If approved, failure to make scheduled payments will result in termination of services. Financial Assistance will be granted for one year. You must re-apply for every year you wish to continue your scholarship.



**APPLICATION FINANCIAL ASSISTANCE**

**FOR OFFICE USE ONLY**

New Applicant     Renewal Applicant     Current Non-F/A Member  
 Youth     Young-Adult     Adult     Family  
 Program:    Aquatics     Fitness     Sports     Childcare

Percentage of Scholarship: \_\_\_\_\_    Expiration Date: \_\_\_\_\_  
 Approved By: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_    # of Payments / Amount: \_\_\_\_\_

**PERSONAL INFORMATION**

|                             |            |           |            |
|-----------------------------|------------|-----------|------------|
| TITLE (MR., MRS., MS., DR.) | FIRST NAME | LAST NAME | BIRTH DATE |
| ADDRESS                     |            |           |            |
| CITY, STATE, ZIP            |            |           |            |
| PHONE NUMBER                |            |           |            |
| EMAIL ADDRESS               |            |           |            |

YES, I am a current YMCA Member. ID# \_\_\_\_\_

**CHECK MEMBERSHIP YOU ARE INTERESTED IN**

Membership:    Youth     Young-Adult     Adult     Family (2 Adults and dependents living in the same household)  
 Program:        Aquatics     Fitness     Sports  
 Child Care:     Infant Toddler     Preschool     Summer Day Camp

**LIST ALL ADULTS & DEPENDENTS IN HOUSEHOLD**

Do you share expenses?    Yes     No    Total number living in household: \_\_\_\_\_

| SPOUSE/DEPENDENTS NAME | RELATIONSHIP | D.O.B.   | SEX | SCHOOL/EMPLOYER |
|------------------------|--------------|----------|-----|-----------------|
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |
| _____                  | _____        | __/__/__ | ___ | _____           |

**SPECIAL CIRCUMSTANCES**

- List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet if necessary
- Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABILITY TO PAY**

**What is the dollar amount that you are willing to pay each month?**

Membership \$ \_\_\_\_\_/month    Program \$ \_\_\_\_\_/month    Child Care \$ \_\_\_\_\_/month  
PLEASE NOTE THAT THE YMCA ONLY GRANTS MEMBERSHIP AND PROGRAMS AT A 25% OR 50% DISCOUNT OF THE REGULAR PUBLISHED RATES. CHILD CARE AT A 15% OR 30% DISCOUNT OFF THE REGULAR PUBLISHED RATES.

**INCOME / EXPENSE WORKSHEET**

1. List income, assistance and expenses for the entire household.
2. Complete all sections. Incomplete applications will result in a delay in processing the application.

| <b>INCOME (Monthly)</b>                | <b>ADULT #1</b> | <b>ADULT #2</b> | <b>DEPENDENTS</b> | <b>OTHER</b> |
|----------------------------------------|-----------------|-----------------|-------------------|--------------|
| Monthly Income (wages, salaries, tips) | \$              | \$              | \$                | \$           |
| Unemployment                           | \$              | \$              | \$                | \$           |
| Social Security                        | \$              | \$              | \$                | \$           |
| SSI, Disability                        | \$              | \$              | \$                | \$           |
| Welfare (Cash Assistance)              | \$              | \$              | \$                | \$           |
| Food Stamps                            | \$              | \$              | \$                | \$           |
| Child Support (receiving)              | \$              | \$              | \$                | \$           |
| Aid to Dependent Children              | \$              | \$              | \$                | \$           |
| Alimony                                | \$              | \$              | \$                | \$           |
| 401k / Retirement                      | \$              | \$              | \$                | \$           |
| Other (Please Explain)                 | \$              | \$              | \$                | \$           |
| <b>Total Monthly Income</b>            | <b>\$</b>       | <b>\$</b>       | <b>\$</b>         | <b>\$</b>    |

| <b>EXPENSES (Monthly)</b>     | <b>ADULT #1</b> | <b>ADULT #2</b> | <b>DEPENDENTS</b> | <b>OTHER</b> |
|-------------------------------|-----------------|-----------------|-------------------|--------------|
| Rent / Mortgage               | \$              | \$              | \$                | \$           |
| Utilities                     | \$              | \$              | \$                | \$           |
| Phone                         | \$              | \$              | \$                | \$           |
| Vehicle Payment               | \$              | \$              | \$                | \$           |
| Vehicle Insurance             | \$              | \$              | \$                | \$           |
| Medical / Dental              | \$              | \$              | \$                | \$           |
| Tuition / College Loans       | \$              | \$              | \$                | \$           |
| Child Support (paying)        | \$              | \$              | \$                | \$           |
| Alimony (paying)              | \$              | \$              | \$                | \$           |
| Child Care                    | \$              | \$              | \$                | \$           |
| Other (Please Explain)        | \$              | \$              | \$                | \$           |
| <b>Total Monthly Expenses</b> | <b>\$</b>       | <b>\$</b>       | <b>\$</b>         | <b>\$</b>    |

**VERIFICATION AND AUTHORIZATION**

I hereby verify that the documentation on this application is accurate. This includes, but is not limited to, membership category, dependents, documentation of income and expenses for all wage earners.

Return completed application and copies of income documents to the YMCA Customer Service Desk. Completed applications May require 7-10 business days in order to evaluate and process.

**WAIVER**

I agree to the following rules and policies. I am entering this membership of my own choosing. I understand there is some risk in physical activity and exercise. I further agree that The YMCA of Lenawee County or any of it's associated persons or employees shall not be responsible for any personal injuries or losses sustained by me or my family while on the premises (both inside and out) or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless The YMCA of Lenawee County or any of it's associated persons or employees of any claims or demands arising out of any such injuries or loss. I understand The Protection of members and guests participating in programs and/or using the facilities is a paramount interest to The YMCA of Lenawee County. I further acknowledge The YMCA of Lenawee County reserves the right to deny access or membership to any person who has been accused or convicted of any offense relating to the use, possession or transportation of narcotics or habit for and/or dangerous drugs; or continuously or excessively use intoxicating beverages.

Signature

Date