



## **CHRISTIAN COUNTY YMCA FINANCIAL ASSISTANCE**

Thanks to the United Way and the generous individuals donating to the YMCA Strong Kids Campaign, the YMCA is able to provide reduced membership and program fees to eligible applicants.

***What is Financial Assistance:*** Persons or families with limited resources or experiencing severe financial hardships may apply for reduced membership and program fees? We are committed to serve people regardless of their income level, but we expect participants to pay a fee based on their financial ability. This is contingent upon financial resources of the association and verification of application information. The YMCA does not discriminate due to race, religion, creed or inability to pay.

***How is Financial Assistance Determined:*** Applicants are required to complete the application process and submit the required documentation. The information submitted is used to determine the annual household income and number of eligible family members. A sliding scale is used to determine the monthly fee. Membership fees are payable each month through a bank draft or credit card draft or by paying in full. A family at the Christian County YMCA is defined as a married couple living in the same household raising dependent children. Full time college dependents may be included on the family. A dependent is defined as a child (through age 17 or currently enrolled in high school) who is claimed on your income tax return, or court has granted you temporary or permanent custody of a child.

***YMCA Facilities:*** Full use of the YMCA facilities is permitted. Please check the age restrictions on rules and policies of the YMCA as printed at the service desk.





Please list any other income you have coming into the household: \_\_\_\_\_  
\_\_\_\_\_

Indicate the attached documentation **(THESE ARE ALL REQUIRED)**:

- \_\_\_\_\_ Copy of payroll stub (one for the last 2 months)  
This includes, mother, father, adults in household
- \_\_\_\_\_ Copy of most recent federal and state income tax return
- \_\_\_\_\_ Unemployment statement
- \_\_\_\_\_ Disability Statement

LIST ANY OTHER DOCUMENTATION INCLUDED:

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

Is any individual on this membership required to register as a sex offender?  
CIRCLE: YES NO If yes, Name of Individual \_\_\_\_\_

**IN ACCORDANCE WITH YMCA POLICY, NO APPLICANT WILL BE CONSIDERED WITHOUT ACCOMPANYING VERIFICATION OF INCOME. WE REQUIRE IRS FORM 1040.**

**PLEASE READ AND SIGN: I UNDERSTAND ALL INFORMATION IS ACCURATE. I UNDERSTAND I WILL BE RESPONSIBLE FOR PAYING ANY MEMBERSHIP OR PROGRAM FEES REQUIRED AFTER ASSISTANCE IS FINALIZED. I WILL INFORM THE YMCA OF ANY CHANGES IN INCOME OR CURRENT CIRCUMSTANCES THAT WILL EFFECT ANY SCHOLARSHIP ASSISTANCE.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**PAYMENT METHOD:**  
PLEASE INITIAL

\_\_\_\_\_ I support the mission, purpose and goals of the YMCA and accept and understand all rules and policies of the YMCA.

\_\_\_\_\_ I accept, as members of the Christian County YMCA, I assume all risks while using any piece of equipment or facilities at the Christian County YMCA from any and all negligence and/or other claims against the Christian County YMCA and owners and employees of Christian County YMCA for any such injury.

\_\_\_\_\_ I realize I will have to pay a joining fee if my membership payment is past 30 days of the renewal date.

**PAYMENT METHOD & AMOUNT**

\_\_\_\_\_IN FULL

\_\_\_\_\_MONTHLY BANK DRAFT OR CREDIT CARD DRAFT

\*Your account will be drafted on the 15<sup>th</sup> or 28<sup>th</sup> of each month (or closest business day). If the draft is declined for any reason, there will be a \$20 service fee added to your balance.

BEGINNING JULY 1, 2018 THERE WILL BE A 3% SURCHARGE FOR ALL CREDIT CARD OR DEBIT CARD DRAFTS.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Checking                  | <input type="checkbox"/> Savings                   | <input type="checkbox"/> Credit Card               | <input type="checkbox"/> Debit Card                |
| <input type="checkbox"/> 15 <sup>th</sup> of month | <input type="checkbox"/> 28 <sup>th</sup> of month | <input type="checkbox"/> 15 <sup>th</sup> of month | <input type="checkbox"/> 28 <sup>th</sup> of month |

Financial Institution: \_\_\_\_\_

Card Type: \_\_\_\_\_

City, State: \_\_\_\_\_

Card Number: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

CVV#: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**YMCA OFFICE USE ONLY**

**DATE RECEIVED IN OFFICE:** \_\_\_\_\_

**TOTAL INCOME:** \_\_\_\_\_

**PERCENTAGE OF SUBSIDY:** \_\_\_\_\_

**MEMBERSHIP COST:** \_\_\_\_\_, **PROGRAM COST:** \_\_\_\_\_

**LENGTH OF MEMBERSHIP:** \_\_\_\_\_