

## 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.

YMCA Benefits: Opportunities to participate at the YMCA, unlimited visits, and free nursery service during your workout, free classes offered to YMCA members and reduced program fees.

**Program Opportunities:** YMCA Scholarship members may participate in any of the YMCA programs at the reduced rate approved by the Scholarship Committee. Summer Day Camp is offered throughout the summer with scholarship members being able to use two weeks of camp at their reduced rate and additional weeks at the regular rate.

## How to Apply:

- Step 1: Come to the YMCA and pick up an application
- Step 2: Fill out the application and supply a copy of all pertinent financial information. Remember everyone must present their last year's income tax return.
- Step 3: Bring the complete application and documentation to the YMCA during operational hours.

Please read the above information.

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THIS IS THE APPLICATION FOR FAMILY OR YOUTH (ADULT AND SENIORS ARE THE NEXT SECTION \_\_\_\_FAMILY APPLICANT YOUTH APPLICANT EMAIL ADDRESS MOTHER:\_\_\_\_\_ DATE OF BIRTH\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY STATE STREET HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ FATHER:\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY STATE STREET HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_ EMPLOYER:\_\_\_\_\_ WORK PHONE:

DEPENDENT'S			
NAME	_ DATE OF BIRTH		AGE
NAME			
NAME	_ DATE OF BIRTH		AGE
NAME	DATE OF BIRTH		AGE
NAME	DATE OF BIRTH		AGE
NAME	DATE OF BIRTH		AGE
NAME	_ DATE OF BIRTH		AGE
ADULT APPLICA			
SENIOR COUPLI	E APPLICANT		
YOURSELF:	DA	TE OF BIRT	ГН
ADDRESS:			
STREET			STATE
HOME PHONE:			
EMPLOYER	WOR	K PHONE:	
IF APPLICABLE:			
SPOUSE:	DA	ATE OF BIR	TH
ADDRESS:		WE OF BIN	
STREET		CITY	STATE
HOME PHONE:	CEL		
EMPLOYER:	WOI	RK DHONE.	
EM ESTER.		KK THOME.	
INCOME: (This must be fill	ed out accurately)	1	
1) Are you receiving Aid to D			s.\$ /monthly
<ol><li>Are you receiving food sta</li></ol>	amps?	No. Ye	s \$ /monthly
<ol><li>3) Are you receiving Social S</li></ol>	Security benefits? _	No,Ye	es \$/monthly
<ol><li>4) Are you receiving veteran</li></ol>	's benefits? _	No,Ye	s \$/monthly
5) Are you receiving child su			es \$/monthly
6) Are you receiving spousal	support?		s \$/monthly
7) Are you employed?	_		s \$/monthly
8) Is your spouse employed?	_		s \$/monthly
9) Are you receiving Section			s \$/monthly
10) Are you receiving unemple	-	No,Ye	
11) Is your spouse rec. unemp		No,Ye	
12)Are you receiving townshi 13)Are you receiving rental ir	· -	No,Ye	
14) Are you receiving fental in 14			es \$/monthly
15) Are you receiving to ster p			es \$/monthly es \$/monthly
16)Are you receiving a pension 16)Are you receiving investment		No,Y	
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Please list any other income you have coming into the household:	
Indicate the attached documentation (THESE ARE ALL RECopy of payroll stub (one for the last 2 months) This includes, mother, father, adults in householdCopy of most recent federal and state income taxUnemployment statementDisability Statement LIST ANY OTHER DOCUMENTATION INCLUDED:	
Is any individual on this membership required to register a CIRCLE: YES NO If yes, Name of Individual	
IN ACCORDANCE WITH YMCA POLICY, NO APPLE CONSIDERED WITHOUT ACCOMPANYING VERIFICATE WE REQUIRE IRS FORM 1040.  PLEASE READ AND SIGN: I UNDERSTAND ALL IN ACCURATE. I UNDERSTAND I WILL BE RESPONSIBE ANY MEMERSHIP OR PROGRAM FEES REQUIRED AFTER IS FINALIZED. I WILL INFORM THE YMCA OF AND ACCURATE.	ON OF INCOME.  NFORMATION IS LE FOR PAYING TER ASSISTANCE
INCOME OR CURRENT CIRCUMSTANCES THAT WI SCHOLARSHIP ASSISTANCE.	
SIGNATURE OF APPLICANTDATE:	
PAYMENT METHOD: PLEASE INITIALI support the mission, purpose and goals of the YMCA. and understand all rules and policies of the YMCAI accept, as members of the Christian County YMCA. risks while using any piece of equipment or facilities a County YMCA from any and all negligence and/or other the Christian County YMCA and owners and employees County YMCA for any such injuryI realize I will have to pay a joining fee if my members.	I assume all t the Christian claims against of Christian
past 30 days of the renewal date.	

LENGTH OF MEMBERSHIP: _		
DATE RECEIVED IN OFFICE: TOTAL INCOME: PERCENTAGE OF SUBSIDY: MEMBERSHIP COST:		<del></del>
YMCA OFFICE USE ONLY		
Account Number:	Zip Code:	
Routing/Transit #:	Expiration: Billing Address:	
City, State:	Card Number: CVV#: Name on Card:	
Financial Institution:	Card Type:	
<ul> <li>□ Checking</li> <li>□ Savings</li> <li>□ 15<sup>th</sup> of month</li> <li>□ 28<sup>th</sup> of month</li> </ul>	□ Credit Card	<ul> <li>□ Debit Card</li> <li>□ 28<sup>th</sup> of month</li> </ul>
BEGINNING JULY 1, 2018 THERE	on the 15 <sup>th</sup> or 28th of eac declined for any reason, <sup>r</sup> ed to your balance.	h month there will be a \$20
IN FULL		
PAYMENT METHOD & AMOUNT		