



- \_\_\_\_\_ Approved
- \_\_\_\_\_ Rejected
- \_\_\_\_\_ Expiration
- \_\_\_\_\_ Subsidy
- \_\_\_\_\_ JF amt.
- \_\_\_\_\_ Monthly

## **Christian County YMCA Financial Assistance Application**

Thanks to the United Way and generous individuals donating to the YMCA strong kids campaign, the Y is able to provide reduced membership and program fees to eligible applicants.

**What is Financial Assistance?** : Persons or families with limited resources or those experiencing financial hardship may apply for reduced membership and program fees. The Y is committed to serve people regardless of their income level, but we expect participants to pay based on their financial ability. This is contingent on 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.

**Name** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

**Financial Assistance Document checklist** (Member services staff check all that apply):

- \_\_\_ Copy of payroll stubs (Representing past 2 months income)
- \_\_\_ Copy of most recent federal and income tax return
- \_\_\_ Unemployment statement
- \_\_\_ Disability Statement
- \_\_\_ Benefit statement from DHS (Form 3711)

List any other documentation you have included:

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**If any pertinent information is missing from this application, applicant will be denied membership and re- application will be denied for 6 months from date of submission.**

**For those needing Child Care, please check the appropriate line.**

\_\_\_\_\_ I will be using the Y membership for reduced membership rates and applying to CCP for child care subsidization.

\_\_\_\_\_ I will be using the Y membership for reduced membership rates and reduced program rates. I will **not be applying** for CCP.

\_\_\_\_\_ I will be using the Y membership for reduced membership rates and using Workforce.

### **Program Opportunities and Member Benefits**

Y scholarship members may participate in Y programs at the approved reduced rate. Y membership offers unlimited visits, free nursery service during your workout and unlimited free classes.



Please check the appropriate membership classification:

- Adult
- Family
- Senior
- Senior Couple
- Youth

Family members must live in the same household and be under the age of 18. Those 18 years or older qualify for their own financial assistance application unless they are a fulltime student.

Your Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Those living in your household:**

Spouse/Significant Other Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Dependents**

Name _____	D.O.B. _____	Age _____
Name _____	D.O.B. _____	Age _____
Name _____	D.O.B. _____	Age _____
Name _____	D.O.B. _____	Age _____

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

**Income:** This must be accurately completed. Failure to do so will result in automatic denial of application. There is 6 month grace period before re-applying.

1. Are you receiving aid to dependent children?  Y  N \$\_\_\_\_/mo.
2. Are you receiving SNAP?  Y  N \$\_\_\_\_/mo.
3. Are you receiving Social Security benefits?  Y  N \$\_\_\_\_/mo.
4. Are you receiving veteran's benefits?  Y  N \$\_\_\_\_/mo.
5. Are you receiving child support?  Y  N \$\_\_\_\_/mo.
6. Are you receiving spousal support?  Y  N \$\_\_\_\_/mo.
7. Are you employed?  Y  N \$\_\_\_\_/mo.
8. Is your spouse/significant other employed?  Y  N \$\_\_\_\_/mo.
9. Are you receiving Section 8?  Y  N \$\_\_\_\_/mo.
10. Are you receiving unemployment benefits?  Y  N \$\_\_\_\_/mo.
11. Is your spouse or significant other receiving unemployment benefits?  Y  N \$\_\_\_\_/mo.
12. Are you receiving township assistance?  Y  N \$\_\_\_\_/mo.
13. Are you receiving rental income?  Y  N \$\_\_\_\_/mo.
14. Are you receiving foster parent income?  Y  N \$\_\_\_\_/mo.
15. Are you receiving a pension?  Y  N \$\_\_\_\_/mo.
16. Are you receiving investment income?  Y  N \$\_\_\_\_/mo.

Please list any other income the you have: \_\_\_\_\_

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Is any individual on the membership required to register as a sex offender?  Yes  No If yes, name the individual:

Name: \_\_\_\_\_

In compliance with YMCA policy, no applicant will be considered without accompanying verification of income.

**Please read and sign:** I understand that all information presented is accurate. I understand that I will be responsible for paying any membership or program fees required after this application is finalized. I will inform the YMCA of any changes in income or current circumstances that will effect any financial assistance that I have been granted.

Name\_\_\_\_\_Date\_\_\_\_\_



YMCA Financial Assistance  
Payment Information

Name \_\_\_\_\_

Membership Classification:

\_\_\_ Family \_\_\_ Youth \_\_\_ Adult \_\_\_ Senior \_\_\_ Senior Cpl.

Please initial:

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

\_\_\_ I accept, as members of the Christian County YMCA, and assume all risks while using any piece of equipment or facilities and hold harmless from any and all negligence and /or other claims against the owners and employees of the 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:**

\_\_\_ 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 the month (or closest business day). If

the draft is declined for any reason, there will be a \$20 service fee added to your balance.

There is a 3% surcharge for all credit card or debit card drafts.

Checking       Savings

15<sup>th</sup> of month       28<sup>th</sup> of month

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

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

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

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

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Credit Card       Debit Card

15<sup>th</sup> of month       28<sup>th</sup> of month

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

Card number \_\_\_\_\_ CVV \_\_\_\_\_

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

Expiration \_\_\_\_\_

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

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