



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

EVERYONE IS WELCOME

SUMMERVILLE FAMILY YMCA Financial Assistance Application

The Summerville Family YMCA is for all. The Y welcomes all who wish to participate and believes that no one should be denied access based on their ability to pay. Thanks to the funds from the Annual Campaign, the Summerville Family YMCA provides financial assistance for children, teen, adults and families who cannot afford the full cost of the Y Membership and Program Fees.

To Apply: Complete the Financial Assistance Application and attach all required supporting documents (listed on the application). Please turn in the completed application to Member Services. The YMCA uses a sliding scale to evaluate applications on an individual basis. Please note, incomplete applications will not be processed. Financial Assistance approval may take up to one week.

Financial Assistance Application

*Please complete all fields and attach supporting document to be eligible for approval.

APPLICATION INFORMATION

Name		
M / F	DOB	
Mailing Address		
City	State	Zip Code
Email Address		
Primary Phone		
Emergency Contact: Name	Phone	

ALL PERSONS LIVING IN THE HOUSEHOLD

Check mark each family member applying for assistance.

M / F	Adult	DOB
M / F	Adult	DOB
M / F	Dependent	DOB
M / F	Dependent	DOB
M / F	Dependent	DOB
M / F	Dependent	DOB
M / F	Dependent	DOB

I AM APPLYING FOR

✓	CHECK ALL THAT APPLY
<input type="checkbox"/>	Family Membership
<input type="checkbox"/>	Adult Membership
<input type="checkbox"/>	Senior Membership
<input type="checkbox"/>	After School
<input type="checkbox"/>	Little Learners
<input type="checkbox"/>	Youth Sports
<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	Summer Camp

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO APPLICATION

****All Documents are required to be submitted with application. Incomplete applications will not be processed.**

My annual household income (pretaxes) is: _____. I can afford to pay _____ per month for YMCA dues.

	Applicant Initials	Staff Initials
1) A. 1040 Federal Tax Form for all adults living in household OR B. IRS Statement of Non filing status for all adults living in household	1A. _____	1A. _____
2) Current Picture ID for all Adults Living in Household (driver's license or state ID)	1B. _____	1B. _____
3) Two most recent copy of pay stubs for all adults in Household Copy of Documentation of any other financial support	2. _____	2. _____
4) (Unemployment, Social Security, Food Stamps, Free and Reduced Lunch, Disability, Full-Time Student Status, Etc.)	3. _____	3. _____
5) Your Story: please share your reasons for applying for YMCA Financial Assistance. Please include any and all relevant details.	4. _____	4. _____
6. Present Annual Salary:	5. _____	5. _____
	6. \$ _____	

*If you do not file federal income taxes, please call 1(800)829.3676 or visit <https://www.irs.gov/individuals/get-transcript>

PLEASE NOTE THE FOLLOWING:

- Applicants must be over the age of 18
- Assistance will not be granted to the Young Adult or Teen membership type due to the discounted rate.
- The Poverty Guidelines for the US Department of Health and Human Services will be used as initial eligibility criteria.
- Financial assistance will be granted for one (1) year. Recipients will be required to reapply by submitting the Financial Assistance application and all supporting documents prior to the one (1) year expiration date. Memberships receiving a financial assistance discount will be terminated without renewal. Renewal is responsibility of applicant.
- Membership is subject to suspension and/or termination should there be any outstanding balance (membership or programming) on your account.
- Applications are only approved for those adults and dependents listed on the application. No adults or dependents may be added after approval. Application will have to be resubmitted for approval with updated documents to change adult or dependent status.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature

Date



FOR YSTAFF USE ONLY:

New	Renewal	In Daxko?	Y/N
Staff Accepting Application	_____	_____	_____
APPROVED?	YES	NO	_____
MEMBERSHIP	% PROGRAMS		_____ %
Date Approved	_____		
Notified on:	_____ Phone or Email		
Staff Approving Signature:	_____		