



Jackson YMCA Membership Assistance Request

The Jackson YMCA Mission:

To put Christian Principles into practice through programs and activities that build a healthy Spirit, Mind and Body for ALL.

In order to process your application, we need the following:

1. Proof of all household income, which includes:

- _____ **Copy of last year's Tax Form 1040** (If you did not file taxes submit a letter explaining your financial situation).
- _____ **Copy of your last 2 (two) pay stubs** (Or verification of income from your employer, we will need verification of your spouses income if you are married).
- _____ **Verification of social security or disability checks** (a letter or a copy of your bank statement showing amount of automatic monthly deposit).
- _____ **Copy of a statement verifying any amount of State or Federal assistance you receive** (such as food stamps).
- _____ **Verification of any child support you receive.**

2. _____ Copy of your picture I.D.

3. _____ Proof of all legal dependents (example: tax form 1040, birth certificate, or adoption /custody papers)

4. _____ Complete the Assistance Application and Income and Expense Worksheet (see the next page, do not forget to sign your application on the back)

Important Information: PLEASE READ!

How much will I pay? Assistance is awarded using a sliding scale designed to fit your financial situation. The amount of assistance you receive will be based on your gross income, and the number of dependants (based on IRS tax standards) in your household. There are no full scholarships. **If you qualify, your assistance will be a discount amount between 10% and 65% off of the monthly membership fees.** Once you are a member, you can also use your discount on program fees. The discount amount will come off of the member rate.

How will I know if I qualify? Once your application is reviewed you will receive a phone call. If we cannot reach you, a letter will be sent to you. If your application is not complete, you will receive a phone call or letter to inform you of what is needed to process your application. Once you return the requested information, it may take up to an additional week to process. Incomplete applications will only be kept on file for 1 month. Please contact us immediately if your phone number or address changes. Applications are processed in the order that they are received. You will be contacted as soon as possible.

Membership Assistance Application

Office Use: Date _____ Staff _____

PERSONAL INFORMATION:

Applying Adult (or parent/guardian if applicant is a youth)

Full Name _____ D.O.B _____ Home Phone _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Are you a full time student? _____ If yes, where? _____

Are you married? _____ If yes, spouses full name _____

Total number of dependents _____ Is spouse a full-time student? _____

List names (last names too, if different from applicant) of all dependents and date of birth.

1. _____ D.O.B _____ 5. _____ D.O.B _____

2. _____ D.O.B _____ 6. _____ D.O.B _____

3. _____ D.O.B _____ 7. _____ D.O.B _____

4. _____ D.O.B _____ 8. _____ D.O.B _____

EMPLOYMENT INFORMATION:

Are you currently employed _____ yes _____ no

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time Full-time

Is your spouse currently employed? _____ yes _____ no

Employer _____ Work Phone _____

Position _____ Length of employment _____ Part-time Full-time

TYPE OF MEMBERSHIP: If you qualify for financial assistance, you can also apply your discount to program fees after you become a member.

- _____ Adult (18+ yrs)
- _____ Single Parent Family (One adult and dependants)
- _____ Family (Two married adults and dependants)
- _____ Teen (12 – 17 yrs)
- _____ Youth (3-11 yrs)

Income and Expense Worksheet

MONTHLY INCOME

(Proof of all income is required)

- \$_____ 1) Your Gross Monthly Pay
(at least two pay stubs)
- \$_____ 2) Spouse's Gross Monthly Pay
(at least two pay stubs)
- \$_____ 3) Child Support
(or foster care subsidy)
- \$_____ 4) Public Assistance
(statement of amount)
- \$_____ 5) Alimony
(statement of amount)
- \$_____ 6) SSI or Disability
(statement of amount)
- \$_____ 7) Other (Please Explain)

\$_____ TOTAL MONTHLY INCOME
(HOUSEHOLD)
\$_____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

MONTHLY EXPENSES

- \$_____) Rent/ Mortgage (Circle One)
- \$_____ 2) Auto Loan
- \$_____ 3) Utilities
- \$_____ 4) Phone
- \$_____ 5) Child Support
- \$_____ 6) Medical
- \$_____ 8) Other (Please Explain)

\$_____ TOTAL MONTHLY EXPENSES

Do you share expenses with anyone else in your household? _____ Total number in household _____

How much can you afford to pay per month? \$ _____

Special Circumstances that may affect your ability to pay: _____

The information I have submitted is correct. If my situation changes, I agree to notify the YMCA within 30 days. I understand that if I submit false or inaccurate information, or fail to notify the YMCA of any changes within 30 days, I may be terminated from the financial assistance program. I understand that if I am awarded membership assistance, my membership will expire one year after the date that I join and I will need to reapply.

Signature of Applicant

Date

**Membership Assistance
Payment Agreement**

I understand the following:

- I must make a payment of \$_____ each month.
- My membership will continue for one year from _____ to _____ as long as my payments are made.
- My membership will cancel on _____. In order to continue to receive membership assistance I must reapply.
- If I fail to make my payments my membership will automatically cancel.
- If my membership is cancelled for any reason, I will still have to wait one year from the date that I joined to reapply for membership assistance.
- If I can no longer make my membership payments, I will make arrangements with the membership director or I must cancel my membership in writing at the YMCA front desk.

Member Signature _____ Date _____

Staff Signature _____ Date _____

For members who wish to participate in the monthly draft option: