

FINANCIAL ASSISTANCE PROGRAM



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application

The Dow Bay Area Family YMCA is truly here for ALL. We are proud to offer a valuable YMCA membership option for every persona and family in our community, regardless of financial standing. Qualifying Financial Assistance Members are eligible to receive a monthly discount and a \$0 Joining Fee. Financial Assistance Members enjoy the same great benefits of membership that all other members receive.

IMPORTANT NOTICE

Financial Assistance Program membership reduces membership fees up to 50% ; it does not eliminate them. All Financial Assistance Program memberships will be granted for 12 months. (See #5 on next page for more information.) The Dow Bay Area Family YMCA requests that individuals and families update documentation annually. If you do not submit updated financial information at the time requested, your membership will become the full rate. If you have any questions please contact:

Joslyn Jamrog
Membership & Marketing Director
jjamrog@ymcabaycity.org or
989.895.8596

FOR OFFICE USE

APPROVED	YES	NO
YMCA %	YOU %	
JOIN TODAY FOR	\$	
STAFF NAME	DATE	

Approved applications are held for 30 days.

1 APPLICANT INFORMATION

Please provide a valid address. You will receive a letter in the mail when it is time to update your financial information.

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

If an applicant is under 18: Parent or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ✓ for each family member applying for assistance

Total living in household:

<input type="radio"/> Adult	DOB _____
<input type="radio"/> Adult	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Dependent	DOB _____
<input type="radio"/> Other dependent(s)	DOB _____
<input type="radio"/> Other dependent(s)	DOB _____

All information is processed confidentially. Please complete all of the information on the following pages.
Inactive and incomplete applications will be shredded after 30 days.
This application must be updated every 12 months to continue being approved for Financial Assistance.

3 I AM A NEW APPLICANT

MEMBERSHIP PROGRAM	✓ Check category for which you are applying
	YOUTH
	ADULT (age 18+)
	HOUSEHOLD*
	CHILDCARE/CAMP
	OTHER _____

*A household is defined by one or two adults and their dependents living in the same household. Dependents 18 years and older must be claimed as a dependent on your current-year tax deduction or full-time college student (12 cr. hours for undergraduate or 9 cr. hours for graduate). Proof is required.

or

4 I AM CURRENTLY

✓ Check category you have & list current rate.
YOUTH Current rate: \$
ADULT (age 18+) Current rate: \$
HOUSEHOLD* Current rate: \$
OTHER _____ Current rate: \$

5 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING:

No originals — only copies will be accepted. W2's are not accepted in lieu of 1040.

⇓⇓ I FILED FEDERAL TAXES FOR CURRENT YEAR ⇓⇓

- 1040 Federal Tax Form(s) for all incomes in household
 - I am an individual filing jointly; I am providing ONE 1040 form.
 - We filed more than ONE tax form in our household; we are providing _____ 1040 forms
- \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

⇓⇓ I DID NOT FILE FEDERAL TAXES FOR CURRENT YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR ⇓⇓

- Documents showing most recent 30 days of income (including pay stubs and documentation of government assistance)
- \$ _____ x 12 =
30 DAYS INCOME MONTHS
- \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

6 THIS APPLICATION MUST BE UPDATED EVERY 12 MONTHS

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 sponsorship 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. I understand that after 12 months I will provide the YMCA with current financial information. **If the YMCA does not receive updated financial information, my membership dues will change to the full rate.**

Signature of person completing this form

Date

Attach all applicable financial documents and turn in to the Dow Bay Area Family YMCA Member Service Desk.

TELL US MORE...

Use this space to include any additional information, extenuating circumstances, or examples (major medical expenses not covered by insurance, separation, divorce, job loss, change in income, etc.) that were not included on this application. If you need more space, attach an additional sheet of paper.

I want/need the Financial Assistance Program because:

7 EMERGENCY CONTACT

First Name _____

Last Name _____

Phone # _____

8 ACCOUNT CHANGES (MEMBER AUTHORIZED TO MAKE CHANGES TO ACCOUNT)

First Name _____

MI _____

Last Name _____

10 REGISTERED SEX OFFENDER POLICY

In the interest to maintain an environment that is safe for members, employees, and visitors, the Dow Bay Area Family YMCA reserves the right to prohibit access to its facilities and / or grounds to Registered Sex offenders. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

INITIAL: _____

11 LIABILITY

I understand that the Dow Bay Area Family YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the Dow Bay Area Family YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the Dow Bay Area Family YMCA, it's agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand the Dow Bay Area Family YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

INITIAL: _____

9 PHOTO RELEASE

I give permission to the Dow Bay Area Family YMCA and affiliates to use without limitation or obligation, photographs, film footage, tape recordings, pulled quotations, or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

INITIAL: _____

12 PURPOSE & GOALS

As a member/program participant of the Dow Bay Area Family YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Christian principles into practice that build healthy spirit, mind, and body for all. I recognize that YMCA programs and memberships embrace all types of members and involve identification worldwide.

INITIAL: _____

13 PAYMENT OPTIONS & TERMS

My Dow Bay Area Family YMCA membership will be regarded as continuous until the time that I decide to terminate. I agree that if for any reason I wish to change the status of my membership after one year from date of agreement, my membership must be in good standing and **I must give the YMCA written notice 14 days in advance of my monthly payment date.**

I am responsible for payment of draft for one year from date of agreement. I understand that the Dow Bay Area Family YMCA reserves the right to adjust membership rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect my membership fees if necessary, including potentially sending my account to collection.

CREDIT/DEBIT CARD

CARD TYPE: DISCOVER MASTERCARD VISA

CARD NUMBER: _____

EXP. DATE: _____

NAME ON CARD: _____

CHECKING SAVINGS

BANK: _____

NAME ON ACCOUNT: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

PREPAID ANNUAL MEMBERSHIP >>> **RENEWAL DATE:** _____

MONTHLY PAYMENT (Bank changes may take up to 14 days) >>> **Please circle your draft date:** 5th 20th

I hereby authorize the Dow Bay Area Family YMCA to debit my account indicated above. I understand that the debit will be initiated on the due date shown below. This authority is to remain in effect for one year from the date of this agreement. The Dow Bay Area Family YMCA will continue debiting my account on a month-by-month basis. **If I wish to discontinue my membership after one year, then the Dow Bay Area Family YMCA must receive 14 days written notification before my next draft date. Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA.** This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

SIGNATURE: _____

DATE: _____

STAFF INITIAL: _____