

FINANCIAL ASSISTANCE PROGRAM APPLICATION



The Dow Bay Area Family YMCA is truly here for ALL. We are proud to offer a valuable YMCA membership option for every person and family in our community, regardless of financial standing. 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 the next page for more information.)

There will be a joining fee of \$25 for Youth/Teen, \$25 for Adult, and \$50 for Household memberships.

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:

Anna Fortier
Membership Director
afortier@ymcabaycity.org
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: _____

Phone: _____

Email: _____

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

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Please List Each Family Member Applying For Assistance:	Total Living in Household:
<input type="checkbox"/> Adult	DOB: _____
<input type="checkbox"/> Adult	DOB: _____
<input type="checkbox"/> Dependent	DOB: _____
<input type="checkbox"/> Dependent	DOB: _____
<input type="checkbox"/> Dependent	DOB: _____
<input type="checkbox"/> Dependent	DOB: _____
<input type="checkbox"/> Other Dependent(s)	DOB: _____
<input type="checkbox"/> Other Dependent(s)	DOB: _____
<input type="checkbox"/> Other Dependent(s)	DOB: _____
<input type="checkbox"/> 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 APPLYING FOR

MEMBERSHIP	<input checked="" type="checkbox"/>	Check category for which you are applying
	<input type="checkbox"/>	YOUTH (UNDER 18)
	<input type="checkbox"/>	ADULT (AGE 18+)
PROGRAM	<input type="checkbox"/>	HOUSEHOLD*-2 ADULTS
	<input type="checkbox"/>	CHILDCARE/CAMP
	<input type="checkbox"/>	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 credit hours for undergraduate or 9 credit hours for graduate). Proof is required.

OR

4 ☐ I AM A CURRENT Y MEMBER

5 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING:

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

Accepted Proof of Income:

- ☐ 1040 Federal Tax Form(s) for all incomes in household
- ☐ Proof of Social Security
- ☐ Proof of disability payment
- ☐ Proof of unemployment

6 FINANCIAL INFORMATION 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 into 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 in this application. If you need more space, attach an additional sheet of paper.

I want/need the Financial Assistance Program because:

7 EMERGENCY CONTACT

Full Name: _____
Phone: _____

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

First Name: _____ MI: _____
Last Name: _____

9 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. They 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: _____

10 PHOTO RELEASE

I give permission to the Dow Bay Area Family YMCA and affiliates to use without limitation or obligation, photographic, 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: _____

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 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, its agents, servants, and employees from any and all claims for injury, death, loss, or damage that my child or I may suffer. I understand Dow Bay Area Family YMCA is NOT responsible for personal property lost or stolen why members and/or program participants are using YMCA facilities or YMCA premises.

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 the 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 due.**

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

☐ CHECKING ☐ SAVINGS

CARD TYPE: ☐ DISCOVER ☐ MASTERCARD ☐ VISA

BANK: _____

CARD NUMBER: _____

NAME ON ACCOUNT: _____

NAME ON CARD: _____

ROUTING NUMBER: _____

EXP. DATE: _____

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 the debit will be initiated on the due date shown below. The 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, no honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA.** This 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: _____