



FOR OFFICE USE ONLY
Member Type:
Membership Amount:
Approved by:

INCOME-BASED MEMBERSHIP APPLICATION

Frequently Asked Questions

How do people get assistance? Income-based applications are available on our website or stop by our Membership Desk. Bring in verification of income for all parties living in the household, your most recent 1040 tax form or most recent paystubs and any other information related to your income including government assistance, SSI SSDI, Pension or retirement, unemployment, or any other monthly financial support.

How long will it take for my application to be processed and how will I find out what I may receive?

After submitting your application, it may take up to 2 weeks for it to be processed, depending on whether the application was deemed complete. If you are approved for a scholarship, an award letter will be sent/mailed to you explaining the details of your scholarship.

Why does the YMCA request financial information? We want to ensure that assistance goes to those most in need. By providing us with appropriate information on your family's income and size, we can award aid in a fair and consistent manner.

Who will see my financial information? Your information is considered confidential & will be seen only by the membership director and membership staff.

What programs & services can I receive assistance for? Scholarships are available for memberships and certain program classes (swimming lessons, youth sports, etc.). Childcare and school-age care financial assistance requires a separate application.

Who furnishes the scholarship's money? All the scholarships provided come from donations made by YMCA members, generous community members & gifts from area businesses & organizations.

PRIMARY MEMBER

INFORMATION						
First Name			M.I.	Last Name		
Gender		Birthdate				
Mailing Address				City	State	Zip
Home Phone		Cell Phone		Email Address		
RACE (Optional, but please consider answering as it assists the Y in grant resources. Individual data remains private.)						
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> _____						
EMERGENCY CONTACT INFORMATION						
Name					Phone	

2ND ADULT (If applicable)

INFORMATION						
First Name			M.I.	Last Name		
Gender		Birthdate				
Home Phone		Cell Phone		Email Address		
RACE (Optional, but please consider answering as it assists the Y in grant resources. Individual data remains private.)						
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____						
EMERGENCY CONTACT INFORMATION						
Name					Phone	

DEPENDENTS

Must live in household, ages 0-18 years, or age 23 if full-time student.
Must be 10 years of age to be unaccompanied by an adult.

First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender
First Name	M.I.	Last Name	Birth Date	Gender

INCOME INFORMATION:

Incomes from all persons living in the household are considered in determining eligibility. A copy of your income (including spouse), most recent check stubs, and/or last year's Federal Income Tax Return must accompany application.

Primary Member Employer: _____

Gross Before Taxes \$ _____ Monthly \$ _____ Yearly

2nd Adult Employer: _____

Gross Before Taxes \$ _____ Monthly \$ _____ Yearly

Income from other sources (child support, alimony, government assistance, SSI SSDI, unemployment, etc.)

Warning: Any person who knowingly and with intent to defraud the YMCA, provides false or misleading information regarding their personal or family income will be assessed the full amount of their membership, retroactive to their initial join date. _____ **Initial Here**

What is the dollar amount you are able to pay each month? _____

This is not a guarantee, and we will do the best we can to work with your request.

Please include any extenuating circumstances on a separate sheet of paper.

Please complete this form in its entirety, sign, and date before submitting. An incomplete form will delay the processing and will not be approved until requested information is provided.

_____ I have read and agree to the Itasca County Family YMCA's Release, Indemnification, and Hold Harmless Agreement & Waiver.

_____ I have read and agree to abide by the Itasca County Family YMCA's Code of Conduct.

_____ I understand the information requested on this form is considered privileged and will be held in confidence.

I authorize the Itasca County Family YMCA to make any inquiries necessary to verify the information provided.

MEMBER SIGNATURE: _____ Date: _____