

Salem Family YMCA

Financial Assistance Application

Please read the following before completing the application. We require the following documentation for *all* family members:

1. A copy of each person's current, year to date pay stub.
2. A copy of the household's most recent tax returns with the names of dependents clearly marked. If you did not file taxes, other verification of your dependents will be acceptable.
3. If applicable, we also require documentation of any other form of income such as SSI/SSD, unemployment, public assistance, retirement income, child support, housing, food stamps, and student financial assistance.

Please note incomplete applications will be returned without processing.

Payment Options:

1. Bank Draft Option

At the time of approval, the member will need to bring in a voided check and pay current fees as well as the joining fee. If the bank draft comes back to the YMCA for any month because of insufficient funds (and the YMCA is not notified by the member in advance), the membership will be canceled until payment is received.

2. Short Term Option

The member pays monthly membership fees at the front desk.

Please note that if at any time you choose to discontinue your membership, you are required to **notify the YMCA in writing** or visit the front desk to fill out a Membership Cancellation form by the last day of the current month. This will allow you to avoid charges for unused membership. Consideration will be given to special or extenuating circumstances. Financial assistance is not retroactive.

Our goal is to take action on applications as quickly as possible. You should expect a response in approximately one week. After you receive an acceptance letter, bring it to the YMCA to register for your membership or program!

Thank you for your interest in the Salem Family YMCA!

Salem Family YMCA

Financial Assistance Application

Assistance for: _____ **Membership:** ___Adult ___Family ___Youth **Program:** _____
 ___ Greider ___ Silver Creek Session _____ **Child Care:** ___ Infant ___ Preschool ___ School Age

Applicant:

First _____ Last _____ Gender: ___ Male ___ Female
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Ext. _____
 Birthdate _____ Email _____
 Employer _____ Occupation _____
 Emergency Contact _____ Phone _____

Family Members:

			DOB
First _____	Last _____	___ Male ___ Female	___/___/___
First _____	Last _____	___ Male ___ Female	___/___/___
First _____	Last _____	___ Male ___ Female	___/___/___
First _____	Last _____	___ Male ___ Female	___/___/___
First _____	Last _____	___ Male ___ Female	___/___/___

Number of adults in household _____ Number of dependent children in household _____
 Are you currently receiving assistance? ___ No ___ Yes – If yes, what type? _____
 Have you ever received assistance from the YMCA? ___ No ___ Yes – If yes, when and for what? _____
 How much do you feel you can contribute per month? \$ _____

Income

Monthly gross income from all wages / salaries \$ _____
 Other monthly income \$ _____
 ___ Child Support ___ SSI ___ public assistance
 ___ rent ___ interest ___ school aid
 ___ other _____

Total household monthly income \$ _____

Expenses

Rent / Mortgage \$ _____
 Utilities \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Total household monthly expenses \$ _____

Office Use Only

Date: _____
 Reviewer: _____

 ___ Tax return
 ___ Wage stubs
 ___ Other: _____
 % Assistance: _____
 Monthly Fee: \$ _____
 Joining Fee: \$ _____
 or
 Short Term \$ _____
 ___ Notification
 Call Date: _____
 Notes:

Please check if you have included additional information, expenses, or special circumstances on an additional sheet.

I certify that this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the YMCA regarding changes in my financial and/or membership status. I understand and agree the YMCA may make contacts to verify this information. I authorize employers and/or other income sources to release financial information to the YMCA. I also understand all information will remain confidential

Signature _____ **Date** _____