



Financial Support Application

To complete your application, you must provide the YMCA with supporting documents from all adults living in the home. Once the application is completed in full and supporting documents have been received, a Membership Experience Team Member will reach out to you. Incomplete applications will not be accepted.

APPLICANT INFORMATION

Applicant Name: _____ Applicant Date of Birth: _____

Street Address: _____ Phone Number: _____

City: _____ Zip: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

INCOME INFORMATION

Are you currently employed? Circle One: YES NO If yes, where? _____

Is your spouse currently employed? Circle One: YES NO N/A If yes, where? _____

Applicant Total Annual Income (Found on 1040): _____

Please list a Valid Driver License or State ID and monthly income for all adults on this application.

We will use this information to do an initial income verification.

Name	Driver License/State ID	Monthly Income

To assist us with the income verification process, we may ask you to provide a portion of the supporting documents listed below:

- Most current 1040
- 3 most recent pay stubs
- Non-filing letter (from the IRS)
- SNAP statement

Do you have more than 2 adults in your household?

You can add an adult to your Household Membership for \$30/person per month.

FOR INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE - CONTINUE APPLICATION ON BACK		
Application Received By:	_____	Date: _____
FA Check:	<input type="radio"/> Not Approved <input type="radio"/> Pre-Approved	
Approval Rate:	\$_____	Discount Provided: _____% Program Rate: _____
Termination Date:	_____	Notes: _____

MEMBERSHIP INFORMATION

Please check which type of YMCA Membership you are applying for:



Individual Adult

One individual age 18-64 years old.



Household

Up to two adults ages 25+ & their children living in the same permanent residence.



Individual Senior

One individual age 65 years and up.

FINANCIAL SUPPORT EXAMPLE

\$86.00/mo

Household Membership

Example of support:
Qualifies for 40% Discount

Example member pays just
\$51.60 a month for a
Household Membership.

Please list all individuals in your household to be included in your membership:

Name	Gender	Date of Birth	Relationship to Applicant
First Adult:			
Second Adult:			
Child:			
Child:			
Child:			
Child:			
Child:			
Child:			
First Adult Add-On:			
Second Adult Add-On:			

FINANCIAL SUPPORT TERMS & CONDITIONS

I hereby agree to the following terms and conditions. My e-signature below represents my understanding to each of the following:

- Regardless of participation, I am responsible for paying my monthly dues for the duration of my approval period.
- A \$10 Activation Fee must be paid in addition to a prorated monthly fee at the time of my membership activation. For instant access to the facility, the member may pay the \$10 Activation Fee with the front desk staff at the time of instant approval.
- Members with outstanding balances will not be allowed to participate in programs or membership until paid in full.
- I will notify the YMCA of any changes in address, phone number, or email address during the course of my membership.
- I will notify the YMCA of any change in income during the course of my membership.
- The YMCA reserves the right to review my application at any time during the 12-month approval term. Should I be randomly selected, I will complete a new application.
- The current approval rate is valid for 12 months. After 12 months, my account will auto-terminate and I will complete a new application.
- All memberships, including Financial Support, are required to have a billing method on file to draft for monthly membership dues. Membership drafts occur on the 1st of each month. Exceptions will be made solely at the discretion of YMCA Leadership.
- Members who choose to draft from a credit or debit card will be subject to a \$1.95 convenience fee on top of their approved monthly membership dues.
- I understand that certain YMCA programs are not eligible for additional discount.
- If my billing method is declined for any reason, a non-negotiable \$25 returned payment fee will be added onto my account.

Applicant Signature: _____ **Date:** _____