



**WE ARE MORE
THAN JUST A GYM**

MEMBERSHIP FOR ALL

Membership & Program Support Application

Let us help!

Thank you for your interest in YMCA financial assistance. We offer financial assistance to individuals and families who are not able to pay full fees for Y memberships and/or programs. To apply for financial assistance, please bring all the following information to the YMCA Welcome Center.

- Completed and signed financial assistance application along with a separate sheet indicating why you are applying for financial assistance.
- A copy of your most recent federal income tax return (not W2). If you do not file federal income taxes, call 1-800-TAX-FORM (1-800-829-3676) or go to www.irs.gov and fill out Form 4506-T to request a Verification of Non-filing letter (required).
- Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and dated student schedule.
- Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.

Bring all completed forms and necessary paperwork to the YMCA Welcome Desk. Be sure to include all of the needed items and paperwork, as missing documentation will slow down the application evaluation process. You will receive all letter within 30 days regarding your qualifications and the next steps.

We look forward to serving you!

Sincerely,

Rich Haight
CEO
Family YMCA of NW IL

PLEASE NOTE

Support from our Annual Campaign Fund Reduces membership and program fees; It does not eliminate them.

All support will be granted for 12 months.

Membership and program fees are subject to change upon annual review.



2998 W. Pearl City Rd.
 Freeport, IL 61032
 Phone: 815-235-9622
 Fax: 815-232-2197
 Web: freeportymca.org

Family YMCA of Northwest Illinois Financial Assistance Application

The YMCA strives to make out programs and membership available to all who will benefit from them, regardless of their ability to pay. All financial assistance is granted on a sliding scale based on income and need. All information is kept confidential.

Primary Applicant's New Application Renewal Date _____

Name: _____ Birth Date _____ Male Female

Address _____ City/State/Zip _____

Phone _____ Mobile _____

Email _____

Membership

Select the type of membership for which you are applying:

- FAMILY/HOUSEHOLD Two adults and dependent children under the age of 24 living in the same household.
- SINGLE PARENT FAMILY: One adult and dependent children under the age of 24 living in the same household
- ADULT: Adults 18 years and older, no longer in high school or full time college student. Little Brother/Little Sister, Big Brother's Program allowed in with adult membership at no charge.
- RETIREE: 60+ years, not employed full time
- RETIRED COUPLE: One spouse 60 and over, neither employed full time
- STUDENT: 7th grade through 12th grade; college full time (12 credit hours or more), 23 years of age and under, proof may be required; College students not employed full time; G.E.D. students must be 23 years of age and under and not employed full time
- YOUTH: 6th grade and under (may be infant to receive member rate for classes).

Spouse and Dependents Living at Home

Tax Forms must reflect those that are listed below (they must be listed as dependents on your tax form). For students over 18-23 years, include a current copy of their class schedule (must be 12+ credit hours to qualify).

Name	Employer/School	Birth Date	Gender	Relationship

FOR OFFICE USE ONLY

SCHOLARSHIP VALUE \$ _____

MEMBERSHIP/PROGRAM _____

APPLICANT PAYS ____% \$ _____

NUMBER OF: ____ ADULTS ____ STUDENT ____ YOUTH

 YMCA DIRECTOR

 DATE



Programs

Please specify any programs for which you are requesting assistance.

- Youth Sports (basketball, indoor soccer, outdoor soccer, flag football, volleyball)
- Aquatics (youth group swim lessons)
- Bluefins Swimteam
- Group Fitness Classes (yoga, group cycling, aquarobics, etc.)

Please itemize your gross annual household income. Documentation is required.

	Your Income	Spouse's Income	Other Income
Salary, wages and tips	\$ _____	\$ _____	\$ _____
Unemployment compensation	\$ _____	\$ _____	\$ _____
Social Security compensation	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
TANF	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
401 (k) Retirement	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
School loan income	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total Annual Income	\$ _____	\$ _____	\$ _____

Extenuating Circumstances

If you would like us to consider any special circumstances, please describe your situation on a separate sheet and include documentation (hospital bills, etc.)

Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

I do not file a Federal Tax Return based on federal government income guidelines. Must include verification of Non-filing letter.

Applications received without the above documentation attached will be returned unprocessed

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial status should change.

Signature of Applicant

Date