



**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](http://www.irs.gov) and fill out Form 4506-T to request a verification 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.

Before submitting any paperwork, please mark out all social security numbers, tax ID numbers, and/or credit card numbers.

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 a letter within 30 days regarding your qualifications and the next steps.

We look forward to serving you!

Sincerely,

Aaron Greene  
Membership and Development Director  
Family YMCA of Northwest Illinois

### **PLEASE NOTE**

Support from our Annual Campaign Fund Reduces membership and program fees; however, 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  
 Web: freeportymca.org

## Family YMCA of Northwest Illinois Financial Assistance Application

The YMCA strives to make our 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:**  New Application  Renewal Date \_\_\_\_\_

**Name:** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  Male  Female

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **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.
- One Adult Household:** 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:** 7<sup>th</sup> grade through 12<sup>th</sup> 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:** 12 years and under (may be infant to receive the 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**



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**Programs**

Please specify any programs for which you are requesting assistance. \* Cannot be used for personal training, or private swim lessons.

- Youth Sports (basketball, indoor soccer, outdoor soccer, flag football, volleyball, etc.)
- Aquatics (youth group swim lessons)

**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	\$ _____	\$ _____	\$ _____
<b>Total Annual Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**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
4. A separate sheet indicating why you are applying for financial assistance.

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 cannot be processed!**

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