



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## MEMBERSHIP FOR ALL CAMPAIGN - FINANCIAL ASSISTANCE APPLICATION

The Family YMCA of Fayette County has made a commitment to our community to provide access to our facilities and programs regardless of an inability to pay. The Y is able to fulfill this commitment through the Y's Membership For All Campaign.

**Please allow at least 5 days to process your application.** Once the application has been processed, we will contact you via phone. Upon application approval, you will have no more than **10 days** to use the approved amount of financial assistance. **This application will not be reviewed in the event you fail to provide all required documents.**

The Y requires that individuals **reapply every six months** to re-evaluate your current financial situation. Your fees are subject to change when you reapply. If you do not reapply when your discount expires, your membership dues will be increased to the regular membership rate. Program and Summer Day Camp discounts will increase to a non-member rate.

Financial Assistance is available for only one choice below and cannot be combined.

**Please specify the type of assistance you are applying for:**

**Membership:** Membership dues process the 1<sup>st</sup> day of every month. A payment method is required to be on file for processing. If the payment method you provide cannot be processed for any reason, a different payment method will be required. You will need to notify the Y prior to the 1<sup>st</sup> of the month with any changes to your membership.

**Program:** Financial Assistance is available up to 20%. Memberships need to be paid for quarterly in order for your child to participate.

**Summer Day Camp:** The amount of financial assistance received for Summer Day Camp will be determined upon review of your application. A minimum of 3 weeks is required upon registration.

<b>MEMBERSHIP</b>	<b>Circle Type below:</b>
	Adult
	Adult Couple
	One Adult Family
	Family

<b>PROGRAMS</b>	<b>Specify Program(s) below:</b>

<b>SUMMER DAY CAMP</b>	<b>Specify camp weeks below:</b>
	Week 1:
	Week 2:
	Week 3:
	Week:

**APPLICANT INFORMATION**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you employed: ( ) Full Time ( ) Part Time ( ) No Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is spouse employed: ( ) Full Time ( ) Part Time ( ) No Employer: \_\_\_\_\_

Please list all dependents living in your household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

**FAMILY MEMBERSHIPS:** Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return.

To process your financial assistance application, please provide all applicable documentation (for a family membership, each working adult needs to provide proof of income):

Required Documents	Member Initials	Staff Initials
Completed Membership/Program/Child Care Application		
Copy of <b>current</b> year's tax return		
Non-filing letter from IRS (directions listed below)		
Last 60 Days of Pay Stubs from Current Employer		
Unemployment Benefits Statement		
Social Security or Disability Benefit Statement		
Child Support and/or Alimony		
Housing Assistance		
Documents of all legal dependents (birth certificate, school documentation, any legal filings)		
Any Additional Sources of Income		
<b>Camp Assistance Only:</b> CHASI Denial Letter		

**To Acquire A Non-Filing Letter from the IRS:**

If you do not file income tax, you need to provide supporting documentation. The IRS provides a non-filing letter that you may obtain via phone or on their website. Your request should be completed within 5-10 calendar days.

- To request a non-filing letter via phone, call **1-800-908-9946**.
- To apply online, visit <https://www.irs.gov/individuals/transcript-types-and-ways-to-order-them>



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Please share your reasons for requesting financial assistance so that we may better evaluate your needs. Include how you and/or your family would benefit from services offered by the YMCA. Please list any circumstances that might assist us in the review process:

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**RELEASE FORM**

I certify the above information to be true. I understand that if any information is found to be false, all services offered may be subject to termination. The YMCA believes in a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand I will be asked to pay a portion of the fees through a monetary commitment and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid. In the event I receive approved financial assistance I will have 10 days to use the approved amount, otherwise I understand I will need to submit another application filled out in its entirety with a written explanation why I did not accept financial assistance upon initial application. I agree to notify the YMCA in person or by a written and signed statement of any changes to my membership prior to the 1<sup>st</sup> of the month. A return payment fee will be added to my account if the payment method I have on file is returned for any reason. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may receive the assistance.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

DIRECTOR USE ONLY: Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
Type of Financial Assistance Requested: \_\_\_\_\_  
Approved: ( ) No ( ) Yes % Discount: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Applicant Notified: \_\_\_\_\_