



# 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. Member may change to Bank Draft Option after 3 months; or must pay joining fee.

*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!



YMCA

We build strong kids,  
strong families, strong communities.



# Salem Family YMCA

## Financial Assistance Application



Financial Assistance for:      Membership:  Adult    Family    Youth      Program: \_\_\_\_\_  
 Camp:  Greider  Silver Creek Session \_\_\_\_\_      Child Care:  Infant    Preschool    School Age Site

**Applicant:**

First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Birthdate \_\_\_\_\_ E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**Family Members:**

First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Gender  Male  Female Birthdate \_\_\_/\_\_\_/\_\_\_

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      \$ \_\_\_\_\_**

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 have made sure that sensitive personal information such as my SSN have been blacked out and I understand all information will remain confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

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