

# BATH AREA FAMILY YMCA LANDING YMCA

FOR YOUTH DEVELOPMENT · FOR HEALTHY LIVING · FOR SOCIAL RESPONSIBILITY



## MEMBERSHIP FOR ALL: APPLICATION FOR FINANCIAL AID

Please complete this application and turn it into our Welcome Center front desk. We are unable to process incomplete applications, so please complete the application in full. You will be notified of your status within two weeks. Financial aid awards are approved for one year.

Branch:  Bath Area Family YMCA     Landing YMCA    Membership Type: \_\_\_\_\_

I am applying for assistance with:     Membership     Programs     Childcare     Camp

### STEP 1: Enter Household Information

Applicant 1 First & Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Gender:     M     F     Non-binary    Marital Status:     Single     Married

Applicant 2 First & Last Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Gender:     M     F     Non-binary    Marital Status:     Single     Married

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant 1 Employer: \_\_\_\_\_

Applicant 2 Employer: \_\_\_\_\_

Dependent Names/DOB (please list everyone in your household, regardless of whether they will be included on your membership):

_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____
_____	DOB _____	Relationship _____

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### FOR STAFF USE ONLY:

Date Approved: \_\_\_\_\_     Membership Renewal     New Membership

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## STEP 2: Application Information and Requested Documentation

A. Taking into consideration your monthly household expenses, what monthly Y membership amount do you feel most comfortable paying? \$ \_\_\_\_\_ *\*this amount may differ from your quoted amount based on income*

What is your current annual gross household income? \$ \_\_\_\_\_

Additional assistance: \_\_\_\_\_

B. Did you or another household member file federal taxes for last year? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **YES**: Submit the first page of your most recent federal tax return 1040 form **AND** a copy of **ONE** of the following supporting documents:

- Last two pay stubs, for all household members
- Retirement income documentation
- Social security or disability award letter(s)
- Unemployment income verification

If **NO**: Submit a copy of **ALL** of the following supporting documents that are applicable:

- Last two pay stubs, for all household members
- Retirement income documentation
- Temporary cash assistance
- Social security or disability award letter(s)
- Unemployment income verification
- If \$0 income: letter of how you meet your expenses

C. Additional information to assist in qualifying you and/or your family (**submit supporting documents, circumstances or unusual expenses you must meet that should be used in determining assistance**):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would be willing to share my story in fundraising or marketing materials to help promote the Y

If YES, may we use:     Full name     First name + last name initial     Anonymous

## STEP 3: Please Read and Check Off Each Statement and Then Sign at the Bottom That You Understand

- I understand that the Bath Area Family YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- I understand that my current Y account must be in good standing prior to this application being approved.
- I understand that the Y provides financial assistance to the extent that resources are available and that the Y reserves the right to refuse assistance to any applicant.
- I agree to notify the Y if my financial situation improves, so that my membership subsidy can be reevaluated, thus providing more opportunity and for others in need.
- I certify that the information I have provided on this form is complete and accurate and I agree to provide additional documentation upon request to verify the need for financial assistance.

Signature of Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_