



EVERYONE IS WELCOME

YMCA of Greater Michiana

As a non-profit organization, YMCA memberships are subsidized by contributions given by individuals, companies, foundations, and our annual campaign. These generous contributions make the Financial Assistance Program possible.

ITEMS TO NOTE

- If you are eligible for SNAP (Supplemental Nutrition Assistance Program) or cash assistance through the Department of Health & Human Services, present your Explanation of Benefits, and receive instant approval of 45% off your monthly membership rate.
- Your membership at the approved rate is valid for one year, then you will need to reapply to continue receiving a reduced rate on your membership.
- For couple and household memberships, members must reside in the same household. Verification required.
- Processing can take up to 10 business days.
- We will notify you of your approval status and rate.
- Bring letter to member service desk to activate membership. Additional paperwork may be required.
- If membership is not activated within 30 days of your approval date you will need to reapply.

HOW TO APPLY

1. Complete the application thoroughly and accurately.
2. If applicable, attach the following documents. Do not submit originals. (Minimum income required)
 - The most recent federal income tax return (Example: 1040, 1040A, 140EZ). All self-employment requires the Schedule C.
 - Last two paycheck stubs or letter from employer indicating hours worked and pay
 - Documentation letter of social security or disability benefits
 - Government Assistance (DHS) Explanation of Benefits for food or cash assistance pages 1 & 2, and award letter.
 - Copy of child support/alimony
 - Unemployment notification/letter of eligible benefits
 - Any pension or retirement benefits
 - Include any special circumstances that the Y should be aware of
3. Failure to provide all requested documentation at the time of drop off may delay or void your application.
4. Any bad debt owed to the YMCA must be paid before financial assistance goes into effect.

We offer 25%, 45%, and 65% discounts from monthly membership rates and potential program discounts, including YMCA Camp Eberhart. We base this off of the federal government guidelines.

Household/



YMCA of Greater Michiana

Financial Assistance Application

Please note: This application requires the income of everyone in the household, including those not on the membership. We cannot accept \$0 income. Incomplete paperwork or income requirements may delay your assistance process. If you are eligible for SNAP (Supplemental Nutrition Assistance Program) or cash assistance through the Department of Health & Human Services, present your Explanation of Benefits, and receive instant approval of 45% off your monthly membership rate. Include pages 1 & 2 with application. Instant approval does not apply to programs.

Child Care Assistance

If applying for childcare assistance, in order to qualify for a scholarship from the YMCA, you must first apply to the state. Proof of acceptance or denial is required. For Michigan, apply online at michigan.gov/MIBridges. For Indiana, apply online at mybrightpoint.org.

Location: Benton Harbor-St. Joseph Downtown South Bend YMCA Niles-Buchanan YMCA O'Brien Center

Applying For: Membership Program _____

Household Size: # of Adults _____ # of Children _____

How would you like to receive your approval letter? Email Mail *We will call you if not approved.*

Adult/Parent/Guardian #1

Full Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Current Status Employed Student Retired SS/Disability

Last 12 Months of Employment (Include additional employers on separate sheet)

Employer _____ Start Date _____ End Date _____

Employer _____ Start Date _____ End Date _____

Are you currently a student? Yes No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? Yes No If no, why? _____

Fill in each section that applies to you:

Salary \$ _____ Cash Assistance \$ _____ Food Stamps \$ _____

Unemployment \$ _____ Pension/Retirement \$ _____ Other \$ _____

SSI/Disability \$ _____ Child Support/Alimony \$ _____

Please attach proof of monthly gross income, last federal tax return filed with W2, and if self-employed, Schedule C tax return.

Adult/Parent/Guardian #2 (Those applying for child care assistance must include a second adult/parent/guardian)

Full Name _____ DOB _____

Email _____ Phone _____

Current Status Employed Student Retired SS/Disability

Last 12 Months of Employment (Include additional employers on separate sheet)

Employer _____ Start Date _____ End Date _____

Employer _____ Start Date _____ End Date _____

Continued on next page.

Adult #2 Continued

Are you currently a student? Yes No *If yes, class schedule & loan/grant income is required with this application.*

Are you currently employed? Yes No If no, why?

Fill in each section that applies to you:

| | | |
|-------------------------|--------------------------------|----------------------|
| Salary \$ _____ | Cash Assistance \$ _____ | Food Stamps \$ _____ |
| Unemployment \$ _____ | Pension/Retirement \$ _____ | Other \$ _____ |
| SSI/Disability \$ _____ | Child Support/Alimony \$ _____ | |

Please attach proof of monthly gross income, last federal tax return filed with W2, and if self-employed, Schedule C tax return.

Additional Adult(s) 18+

Residing in same household. Please attach proof of residency & income. Additional adults are required to pay a monthly add-on fee unless they are a full-time student under 24 years old. Proof of class schedule required for students.

Name _____ DOB _____ M F

Current Status Employed Student Retired SS/Disability

Name _____ DOB _____ M F

Current Status Employed Student Retired SS/Disability

Dependents (0-17 years old)

Residing in same household. Need proof of filed tax returns or school records. (Include additional dependents on separate sheet)

Name _____ DOB _____ Age _____

School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Name _____ DOB _____ Age _____

School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Name _____ DOB _____ Age _____

School/Grade _____ Child Support \$ _____ SS/Disability \$ _____

Please use this space to include any other factors that we should take in consideration in evaluating your request

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status should change. I understand that inaccurate and incomplete information may cause termination from the financial assistance program. I understand that if my application is approved, my assistance will be reviewed on an annual or semi-annual basis and adjusted based on my circumstances at that time.

Signature _____ Date _____

**OFFICE
USE ONLY**

Unit # _____

Approved Yes No

Date Processed _____

Date Received _____

Member ID _____

FA Reviewer _____

Staff Initials _____

New Renewal

Renewal Date _____



YMCA of Greater Michiana Program Scholarship Questionnaire

Additional notes:

Office Use Only

Is there one sole provider for the children in the household?

Is there child support that is not documented?

Is there someone in the family or community who would offer support?

Weekly Income \$ _____

Weekly Care Cost \$ _____

% of Income _____

% of Income After Scholarship _____

Recommendation 1=10% 2=20%

3=30% Director Initials _____