



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.

Child Care Assistance *Michigan Only*

If applying for childcare assistance, in order to qualify for a scholarship from the YMCA, you must first apply to the Michigan Department of Health and Human Services (MDHHS) for assistance. Proof of MDHHS acceptance or denial is required. Apply online at michigan.gov/MIBridges.

Location: Benton Harbor-St. Joseph Niles-Buchanan YMCA O'Brien Center Camp Eberhart

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 #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 #2

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 reviews on an annual or semi-annual basis and adjusted based on my circumstances at that time.

Signature _____ Date _____

**OFFICE
USE ONLY**

Unit # _____

Date Received _____

Staff Initials _____

Approved Yes No

Member ID _____

New Renewal

Date Processed _____

FA Reviewer _____

Renewal Date _____