



INCOME BASED MEMBERSHIP PROGRAM FOR YMCA MEMBERSHIP AND PROGRAMS

The Door County YMCA will provide services for anyone who desires to participate within the available resources of the organization. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated inability to pay and the YMCA's ability to fund the subsidy.

ELIGIBILITY

1. Applicants must reside in the Door County YMCA service area.
2. Assistance is awarded on the basis of financial need, taking into account household size and household gross income. All discussions are kept confidential.
3. **Scholarship eligibility is reviewed annually (October 1st) or as deemed necessary.**
4. Membership scholarships range from 5% to 85%; program scholarships range from 5% to 50% (merchandise, fundraising events and team meet fees are not eligible for a discount).

HOW TO APPLY

Follow these instructions to prevent delay in processing your application:

- Complete the attached YMCA Income Based Membership application.
- Provide documentation of household income
 - Copy of Tax Return for all adults in the household (the page that shows your adjusted gross income)*
 - Most recent paystub for all adults in the household*
 - Unemployment or Social Security benefits statement*
 - Child Support*
 - Verification of any other assistance received (for example, housing assistance or food stamps)*
- Return your completed application along with all supporting income documents as outlined above.
- Applicants must meet with Membership Director before scholarship is granted.

If you do not have a copy of your tax return or did not file income taxes last year, you may obtain a copy of your taxes or a letter of verification by calling the IRS at **(800) 829-1040** or at **www.irs.gov**.

The YMCA is not responsible for returning any documentation that accompanies the application.

Please ensure that you have kept all of your original documents. To assure your privacy, please block out your social security number on any paperwork that you submit.

After a thorough review of the application and documentation, the YMCA will grant financial assistance to the extent that funds are available. The YMCA reserves the right to refuse assistance to any applicant when deemed appropriate.

Please allow a minimum of two weeks for the YMCA to process this application. A temporary membership may be set up for you if you so choose.

If you have any questions regarding this application or membership, please feel free to contact the Membership Specialist at your branch:

Sue Crass at the Sturgeon Bay Program Center (920) 743-4949
Josh Lardinois at the Northern Door Program Center (920) 868-3660

YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

INCOME BASED MEMBERSHIP APPLICATION

This application is not a guarantee of assistance. Please print or type the information requested. Current proof of income must be attached for consideration. Incorrect or incomplete information can result in disqualification. Return this application to either branch of the Door County YMCA; an appointment will be scheduled with the Membership Specialist.

OFFICE USE ONLY		
Date Received: _____	Staff Initials: _____	
Appointment Date: _____	Time: _____ am pm	
Discount _____ %	Type: _____ Exp Date _____	
Monthly Rate \$ _____	Joining Fee \$ _____	
These supporting documentations were not supplied:		
<input type="checkbox"/> Taxes	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Verification of income

APPLICANT INFORMATION (all sections must be filled out)

Household Address: _____

FIRST ADULT (full name): _____ Birthdate: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Primary Source of Income: Wages Unemployment Social Security Child Support Other

Occupation _____ Employer _____

Weekly Hours Worked _____ Hourly Rate of Pay \$ _____

SECOND ADULT (full name): _____ Birthdate: _____

Primary Source of Income: Wages Unemployment Social Security Child Support Other

Occupation _____ Employer _____

Weekly Hours Worked _____ Hourly Rate of Pay \$ _____

Email Address: _____

Household Emergency Contact: _____ Phone: _____

What type of membership are you requesting?

Household Adult Senior Senior Household Young Adult Youth

- Household includes 2 adults and children through age 23 that are eligible to be claimed on parents income taxes.
- Senior (65 and older)
- Young adult (out of HS thru age 23)
- Youth (0 through HS)
- Adult (age 24 through age 64)

CHILDREN/DEPENDENTS (first/last name)

GENDER (circle) RELATIONSHIP

DATE OF BIRTH

_____	Male Female	_____	_____
_____	Male Female	_____	_____
_____	Male Female	_____	_____
_____	Male Female	_____	_____
_____	Male Female	_____	_____
_____	Male Female	_____	_____
_____	Male Female	_____	_____

Have you ever applied for financial assistance at the YMCA before? Yes No

What is the dollar amount you feel you could afford to pay for monthly membership dues each month?

\$ _____ /monthly

Why are you applying for financial assistance? What are your goals and expectations of YMCA membership?

INCOME/EXPENSE WORKSHEET (INCLUDE ALL HOUSEHOLD MEMBERS)

Monthly Household Income

- Include total income for **ALL** household members
- Attach all income verification statements (copies, no originals)
- Failure to list all income and verification statements may result in a denial of financial assistance.

ALL GROSS MONTHLY INCOME	Head of Household	2nd Adult	Other Household Members
Gross monthly wages, tips, commissions	\$ _____	\$ _____	\$ _____
Monthly Child Support/Maintenance	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Social Security/SSI Compensation	\$ _____	\$ _____	\$ _____
Pension or Retirement Funds	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME	\$ _____	\$ _____	\$ _____

Do you receive: Food Stamps Housing Allowance Fuel Assistance

Are there other extenuating circumstances that you would like to share?

VOLUNTEER OPPORTUNITIES

The YMCA relies heavily on volunteers. We encourage all of our members and program participants to become involved. If you are interested in volunteer opportunities, please let us know below. Please note that background checks are done on all YMCA volunteers – a separate volunteer application must be completed before you can volunteer.

I would like to volunteer at the YMCA Yes No

If yes, in what area(s) _____

Verification and Authorization

- ***I certify that all information in this application and all income verification statements provided are true and complete to the best of my knowledge. Any false statements or omissions on this application are grounds for revocation of the financial assistance. I understand that this application is valid for 30 days from the date of submission (application and all supporting documents will be shredded after 30 days).***
- ***Lack of or incorrect information can result in disqualification of the application. This application is not to be considered a guarantee of financial assistance.***
- ***All forms of physical activity involve a risk of injury. By voluntary participation in YMCA programs and activities, you assume and accept any and all risks of injury related to that activity.***

1st ADULT SIGNATURE _____ DATE _____

2nd ADULT SIGNATURE _____ DATE _____

Door County YMCA

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