Fergus Falls Area Family YMCA
Application for Financial Assistance

Applicant Name: ____________________________________

The Fergus Falls Area Family YMCA is a non-profit community service organization dedicated to enhancing the spirit, mind and body for all persons through quality leadership, programs, service and facilities. The YMCA serves people of all ages, backgrounds, abilities and income levels. Founded and supported by its community, the YMCA wants all of its programs and services to be accessible to everyone in the community. The YMCA does not exclude any person(s) from becoming a YMCA member because of their inability to pay.

---APPLICANT EXPECTATIONS---

- A parent/guardian must complete application on behalf of anyone under the age of 18
- Please print all information neatly.
- Incomplete applications will be returned to applicant.
- Information must be submitted based on total gross household income, regardless of membership type.

Required Documentation:
Please turn in this application along with the following items that apply you AND anyone in the household:
- A photocopy of your most recent Federal Income Tax Return
- Photocopies of your 3 most recent pay stubs
- Documentation for all of the categories for ANY and ALL assistance that YOU OR FAMILY MEMBERS IN HOUSEHOLD receives (SSI, SSD, Food Stamps, WIC, Medicaid, Medicare, Alimony, Veteran’s Benefit, etc.)

APPLICATIONS WITHOUT THIS INFORMATION CANNOT BE PROCESSED.

For assistance, please contact the YMCA Membership Director, Emily Stawarski at 218-739-4489, ext. 204.

Financially assisted memberships have been made available through the YMCA Annual Giving Campaign and various other fundraisers held by YMCA staff and volunteers. The scholarships are only possible with the support of community members and business.

For Office Use Only

Date Application Received: ________________ Date Application Reviewed: ________________

- [ ] Denied – Reason: _________________________________________________________________
- [ ] Approved - Amount: $_______/Month For: ____________________________________________
- [ ] Approval letter/Date: ____________________________________________________________
- [ ] Approval letter copy in “Approved Scholarships Folder” at Member Services Desk
CONFIDENTIAL APPLICATION

OUR FUNDING IS PROVIDED IN PART BY THE ANSWERS TO THESE QUESTIONS, PLEASE FILL OUT THE FORM COMPLETELY

Name: _______________________________ Date: ____________

Date of Birth: _______________ Gender: Male  Female  Martial Status: Married  Single

Address: _______________________________ City/State/Zip: _______________________________

Home Phone: _______________ Cell Phone: _______________________________

Email Address: _______________________________

Employer: _______________________________ Additional Employer(s): _______________________________

*Family is defined as adults (max 2) and those claimed as dependents on Federal Income Tax Return.

<table>
<thead>
<tr>
<th>Family * Information</th>
<th>First &amp; Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>School or Employer</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult #2</td>
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<tr>
<td>Dependent #1</td>
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<tr>
<td>Dependent #2</td>
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<td>Dependent #3</td>
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<td>Dependent #4</td>
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<td>Dependent #5</td>
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<tr>
<td>Dependent #6</td>
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</tbody>
</table>

Application for Financial Assistance is for:

☐ Membership type (check type of membership):
  ☐ Family  ☐ Single Parent  ☐ Senior Couple  ☐ Senior
  ☐ Adult  ☐ Young Adult  ☐ Teen  ☐ Youth

☐ After School Child Care/Schools Out Camp**  ☐ Summer Camp**

** If this application is for Child Care/Camp:
Have you applied for entitlement benefits from Otter Tail County Human Services? Yes No
If Yes, please attach your documents with this application

Do you have health insurance?  No  Yes (self)  Yes (family)  Provider: _______________________________

How much do you feel you could afford to pay? (Answer each situation that applies to this application)

  Membership $ _________ Per Month  After School Child Care $ _________ Per week
  Schools Out Camp $ _________ per day  Program $ _________ per session

Are you currently a member of this YMCA?  No  Yes  How often do you visit the Y? _______________________________

Have you applied for financial assistance before at the YMCA?  Yes  No
If Yes, which YMCA? _______________________________
INCOME:
Did you file taxes last year?   Yes  No (circle one)
Are you claimed as a dependent on someone else’s Federal Income Tax Return?   Yes  No (circle one)
If Yes, who: ____________________________________ (The following information must include the person’s income who claims you as a dependent.
If taxes are filed separately, you must still include income for your entire household below.

<table>
<thead>
<tr>
<th>Household MONTHLY Income</th>
<th>For YOU</th>
<th>For OTHER ADULT</th>
<th>For OTHER</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Wages, Salaries &amp; Tips,</td>
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<tr>
<td>Self Employment, Pensions</td>
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<td>Social Security and/or Disability</td>
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<td>Child Support &amp; Alimony</td>
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<td>Food Support</td>
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<tr>
<td>Other: Unemployment, etc.</td>
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</tbody>
</table>

*Your total taxable income for the year can be found on your most recent tax return form. It can be found on these common tax forms on the following lines: 1040 - Line 22, 1040ez - Line 6, 1040A - Line 15.

EXPENSES:

<table>
<thead>
<tr>
<th>Household MONTHLY Expenses</th>
<th>For YOU</th>
<th>For OTHER ADULT</th>
<th>For OTHER</th>
<th>SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage &amp; Insurance</td>
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<tr>
<td>Utilities (Internet, electric,</td>
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<tr>
<td>phone, etc.)</td>
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<tr>
<td>Car (Payment &amp; Insurance)</td>
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<tr>
<td>Food</td>
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<tr>
<td>Medical Expenses</td>
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<tr>
<td>Other</td>
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</table>

Year Total Expenses

Please explain why you would like to be considered for financial assistance at the YMCA? List any extenuating circumstances that contribute to our financial need at this time (medical conditions, disability, unemployment, etc.) ______________

What benefits do you see in having financial assistance provided to join the YMCA as a member or participant? ______

__________________________
__________________________
Have you volunteered for the YMCA? ________________________________

What did you do for your volunteer work? ____________________________

What volunteer services can you provide to the Y? ____________________

Ethnicity (for YMCA statistical reporting only):

☐ Caucasian  ☐ Hispanic  ☐ African America  ☐ Native American
☐ East African  ☐ Asian/Pacific Islander  ☐ Other  ☐ Multi Racial

For assistance, please contact the YMCA Membership Director,
Emily Stawarski at 218-739-4489, ext. 204.

Before I submit this document, I have done the following:
☐ Filled out the form completely
☐ Attached a COPY of your most recent Federal Tax Return
☐ Attached copies of 3 most recent Paystubs
☐ Attached any copies of forms: SSI, SSD, Food Stamps, WIC, Medicaid, Medicare, Alimony, Veteran’s Benefit, etc.

ANY INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

***Financial Terms***

· Term of Financial Assistance is twelve months. Renewed by submitting a new application and documents for approval.

· Financial Assistance recipients are required to complete a survey at the completion of their Financial Assistance term, and thereafter, as requested.

· Once Approved, payment of applicant portion of joining fees and membership fees is due at registration and required to begin your membership or program. Payments are made monthly through automatic bank draft or on a semi-annual or annual basis. Cash, credit card or checks will only be accepted if your membership is paid in full for six or twelve months at a time. No Exceptions. Refunds for cancellation are not allowed.

· All cancellations must be submitted in writing.

· A decision will be made based on the application, submitted documents, and sliding fee scale. Your will be notified of our decision via letter. Approval process may take up to 2 weeks.

☐ I have read the Financial Terms

I hereby agree that the above information is true, INCOME VERIFICATION IS ATTACHED and I agree to provide additional documentation to verify financial need if requested.