



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRINGFIELD YMCA FINANCIAL ASSISTANCE APPLICATION PROCESS

All reduced membership rates will be based upon the household income and size of the family. A sliding scale is used to determine membership fees for adults and children. Qualifying applicants will receive additional program scholarships. Members must reapply annually.

EVERYONE MUST PROVIDE

- An application, completed for the household
- A \$10 application fee
- Current year's Federal Tax return (1040) or a transcript of your taxes from the IRS for each adult in the household.
- PHOTO COPIES of all the items listed below which pertain to you and your household.
- Please, blackout/remove all Social Security numbers.

ADDITIONAL INFORMATION (if applicable per household member)

- Two current, most recent pay stubs for each working adult in the household
- Birth Certificates for children NOT listed on tax form
- Link Card Statement (for food stamps, cash assistance, etc.)
- Social Security Statement (disability, retirement, survivors)
- Disability Statement
- Child Support Order
- Unemployment Statement
- Workers Compensation Statement
- School schedule for any student on the membership who is between the ages of 18-23
- Pension Statement
- Medical Card
- If the above documentation does not include the same household address for both adults, a marriage certificate, mortgage/rent statement or utility bill will is required.

TO OBTAIN A TAX TRANSCRIPT

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form regardless of employment status.

- To obtain the IRS tax transcript, call the IRS at 1-800-829-1040 (This is an automated system. You will be prompted to enter the appropriate information. Choose the option for "questions about your account" and follow the prompts.) Or www.irs.gov. When complete, the IRS will mail the letter to your home within 10-15 days.

YMCA MISSION

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

FOR MORE INFORMATION

- A YMCA staff member will contact you within 3-5 business days with the results. If you miss the call or do not hear back from the Y, please contact the Y you applied at 544-9846 or lbarker@springfieldymca.org (Downtown) or 679-1625 or hdavis@springfieldymca.org (Kerasotes).

SPRINGFIELD YMCA FINANCIAL ASSISTANCE APPLICATION

1ST ADULT IN HOUSEHOLD

Last Name _____ First Name _____ Birthdate _____ Male/Female

Address _____ City _____ State _____ Zip _____

*If you reside at a local shelter or rehabilitation center, you may apply once you establish residency in the community.

Phone _____ Work Phone _____ Emergency Phone _____

Email Address _____ Employer _____

Marital Status: Single Married Separated Divorced Widow

Employment Status: Full-time Part-time Unemployed Retired Disabled Medical Card: Yes No

2ND ADULT IN HOUSEHOLD

Last Name _____ First Name _____ Birthdate _____ Male/Female

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Emergency Phone _____

Email Address _____ Employer _____

Marital Status: Single Married Separated Divorced Widow

Employment Status: Full-time Part-time Unemployed Retired Disabled Medical Card: Yes No

DEPENDENTS (Full-time students ages 18-23 must provide class schedule and school ID)	Birthdate	Age	Grade	Relationship

Please submit all household forms of income listed on the front of the application. Mark on each photocopy if the income is received weekly, twice a month, bi-weekly or monthly. YMCA financial assistance uses household income to determine eligibility.

Comments: _____

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY:

Income	Adult 1	Adult 2	Dependents	\$ Received	Total
Gross Wages	\$	\$	\$		\$
Child Support/alimony	\$	\$	\$		\$
Social Security Benefits Disability, Retirement and Survivors	\$	\$	\$		\$
Workers Comp.	\$	\$	\$		\$
Unemployment	\$	\$	\$		\$
Link Card	\$	\$	\$		\$
Pension/Retirement	\$	\$	\$		\$
TANIF	\$	\$	\$		\$
Other	\$	\$	\$		\$

Annual Income \$ _____ Basic \$ ___/month Youth \$ ___/year Start _____

Household Size _____ HC \$ ___/month College Student \$ ___/year End _____

Approved by _____ date _____ Comments: _____

Contacted by _____ date _____

