

The Jackson YMCA is a community-based organization. Our mission is to put Christian principles into practice through programs that build healthy Spirit, Mind and Body for ALL. Through our generous donors, the YMCA offers financial assistance to anyone with a proven inability to pay.

Jackson YMCA Membership Assistance Application

Primary							
First Name			MI	Last	Name		
Mailing Add	lress _						
City			State _		ZIP		
Email							
May we use	emai	l to communic	ate with y	ou?	Yes	No	
	-	nployed? Yes er? this employer					
Length of tim	e with	this employer aid? Weekl	under i	1 month	13-6 month	nsover	1 year
How often an	e you p	alu: weeki	yBI-wee	:кі у	Monthly		
Spouse							
First Name			MI	Last	Name		
Date of birt	h		Phone				
Mailing Add	lress _						
City			State _		ZIP		
Email							
Are you curre Who is your e Length of tim	ently en employo e with	nployed? Yes er? this employer aid? Weekl	/ No				
List all depe	enden	ts living in ho	usehold:				
First Name	МІ	Last Name	Birthda month/day	•	Relationship	School Attending	POD (Office Use)
	1						

To qualify for scholarship the following information is required. No originals please. Copies can be made for you at the Downtown Branch. W-2's will not be accepted.

Provide	OR	Provide
Federal tax form 1040	IRS	IRS letter of non-filing Use IRS form 4506-T, to receive letter of non-filing
Showing all dependents	1-800-829-1040	Birth Certificates for all
Showing any		dependents
self-employment	AND	

Complete chart for all income that applies to your household.

	an income that app	nes to your nou	Sellolu.	
Monthly				Provide
Gross Income	Applicant	Spouse	Other	Documentation
Salary/	\$	\$	\$	2 consecutive pay stubs for
Wages	-P	÷	÷	each employed person
School	\$	\$	\$	Award letter and tuition
Loans/Grants	P	₽	P	statement
Social	\$	\$	¢	Benefit statement or bank
Security	curity \$ \$		Þ	statement showing 2 months of
•			deposits	
Disability	#	\$	#	Benefit statement or bank
	\$		\$	statement showing 2 months of
				deposits
Retirement /	#	<i>~</i>	#	Benefit verification letter or
Pension		⇒	Bank statement showing 2	
				months of deposits
Food Assistance	\$	\$	-	Notice of Case Action (Bridge
			\$	cards are not accepted)
Cash Assistance		· •		Notice of Case Action (Bridge
	\$	\$	\$	cards are not accepted)
				Award Letter
Unemployment	\$	\$	\$	Award Letter
		•		
Child Support	A		-	Friend of Court document or 2
	\$	\$	\$	months of bank statements
				showing OCS deposits
Adoption/Foster	-	_	-	Award or Subsidy Letter
Care Subsidy	\$	\$	\$	Awara of Subsidy Letter
Proof of		<u> </u>	-	Class schedule verifying a
Dependency for	\$	\$	\$	minimum of 12 credit hours,
adult children				unless claimed on taxes.
Photo ID	_	<u> </u>	_	Driver's License or
for each adult	\$	\$	\$	State of MI ID
Other	¢.	¢	¢	
	\$	\$	\$	

Applicants should bring all documents to the front desk at the Downtown Branch for processing. If you prefer you may e-mail everything to <u>Frontdesk@jacksonYMCA.org</u>. Incomplete documentation will delay the processing of your application. Processing may take up to one week. Assistance completing applications is available by appointment. How will the YMCA's Financial Assistance benefit you or your family?

Are you willing to share your Y story to inspire others?	Yes Circle	No One
How much can you pay per month for your membership?		
Please list any circumstances you would like us to consider:		

TYPE OF MEMBERSHIP: If you qualify for financial assistance, you can also apply your discount to youth program fees after you become a member.

Adult (27+ yrs)	Family (Two married adults and IRS dependents)
Youth (3–11 yrs)	Single Parent Family (One adult and IRS dependents)
Teen (12 – 17 yrs)	Young Adult (18–26 yrs)

The Jackson YMCA uses a sliding fee scale to determine a rate to fit your financial situation. All members pay something for membership. You will be contacted by email, phone, or letter with your award. Once this contact has been made you have <u>30 days</u> to accept the award. To accept the award, you <u>MUST visit the YMCA service desk and SIGN a payment agreement.</u>

Statement of Responsibility:

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Jackson YMCA in writing of any change in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. I understand that failure to do so may result in immediate revocation of scholarship privileges.

Signature of Applicant	Date	
Office Use:	Date	
New Member / Renewal	Rec'd by staff	
Intake Noted in Computer		
Member I.D.#	Past Due Balance \$	