

**Danville Family YMCA**

**Financial Assistance Program**

**Financial Assistance Membership Pricing Overview**

**Q: What is financial assistance membership pricing?**

**A:** Financial assistance membership pricing is the YMCA’s rate structure designed to help fulfill our mission of putting Christian principles into practice through programs that build healthy spirit, mind and body for all.

**Q: Who is eligible for financial assistance pricing?**

**A:** If our current membership rates are unaffordable for your household, you may apply to receive a reduced rate. The ability to award subsidy for membership rates is based on the National Poverty Guidelines and household size. In order for us to determine if we can provide assistance for you, please provide the required documents for review. The following people are eligible to be on your membership: you, your spouse, your children under age 19, your children age 19-23 that are currently enrolled as a full-time college student (verification required). Please be aware that any other family members/friends living in the home will need to apply for their own membership.

**Q: What documents are necessary to complete my financial assistance application?**

**A:** To receive a rate adjustment, you must present proof of income with either a current tax return for each adult member contributing incoming to the household, or with 30 days of your most recent pay stubs (if working). Income verification is required at the time you apply and annually thereafter. Accepted tax return documents include IRS federal form 1040, 1040A or 1040EZ. If you are not required to file taxes, you must provide verification of non-filing, which can be obtained for free by calling 1-800-829-1040 or visiting <http://www.irs.gov> and clicking on “Order a Tax Return or Account Transcript”. Copies of financial documents provided by the applicant will be destroyed once the application has been processed.

**Q: What happens if I don’t want to provide my financial documents?**

**A:** Regular rates will apply. No adjustments can be made to your membership rates without the required documentation.

**Q: What if my circumstances have changed since I filed my tax return?**

**A:** We understand that a tax return may not reflect current circumstances; divorce, job loss, medical expenses or other situations may not be reflected in your tax document. In such cases, someone in the membership office will work one-on-one with you for possible re-evaluation.

**Q: How long does the approval process take?**

**A:** Only complete applications with required documentation will be processed. Applications may be submitted at our Welcome Center or mailed to our facility at 1111 North Vermilion Street, Danville, IL 61832 Attn: Membership Office. If you qualify, for 25%, 45% or 65% you may sign up for a membership the day you bring in your application. If you request more than a 65% discount you must provide a current tax return and a meeting will be scheduled.

**Q: How are funds provided?**

**A:** As a non-profit organization, financial assistance funds are made available to the YMCA through a variety of contributions and proceeds, including our annual campaign.

Danville Family YMCA 1111 North Vermilion Street Danville, IL 61832 (217) 442-0563

 Step 1

***YMCA STAFF USE ONLY***

***Date Application Received: \_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_***

**Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Dependents in the Household:

Name(First and Last) Date of Birth(MM/DD/YY) Gender Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What type of membership are you applying for?

□ Youth/Teen/Young Adult □ Adult (18+) □ Single Parent Family □ Family □ Senior

* Are you applying for financial assistance for a YMCA program? □ Yes □ No
* If yes, which program(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been a member of the Danville Family YMCA? □ Yes □ No

Are you a current member re-applying for financial assistance? □ Yes □ No

Would you be willing to volunteer your time or talents to the YMCA? □ Yes □ No

If so, please list your area(s) of interest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Step 2

**Total Household Income Verification**

**\*Applicant is required to list all that apply to their household and must**

**include official documentation of these benefits along with the application.**

|  |  |  |
| --- | --- | --- |
| **Monthly Income** | **Yes/No** | **Monthly** **Amount** |
| Applicant’s total wages, salary and tips, if employed |  | ***YMCA OFFICE USE ONLY****Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Financial Assistance Application complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Membership Type: \_\_\_\_\_\_\_\_\_\_\_\_**Monthly Dues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Program Discounts: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Spouse/significant other total wages salary and tips, if employed |  |  |
| Children 19+ total wages, salary and tips, if employed |  |  |
| Unemployment Compensation |  |  |
| Social Security Benefits |  |  |
| Veteran Compensation |  |  |
| Disability Compensation |  |  |
| Retirement/Pensions |  |  |
| Child Support |  |  |
| Alimony/Family Support |  |  |
| Food Stamps |  |  |
| Medical Card(s) |  |  |
| Other State Funded Assistance (explain below) |  |  |
| Other (explain below) |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Please use a separate piece of paper to explain any other circumstances pertaining to your situation.**

**YMCA Rights and Agreements**

 Step 3

By initialing the box, you are confirming that you have read and agree to each of the following:

🗔 I understand that my financial assistance is granted for one year from the date of approval. Upon expiration, the recipient must re-apply with current and updated information.

🗔 I understand that if my financial assistance is revoked or expires, that my monthly membership dues will return to the full amount until I re-apply and am notified of the renewal.

🗔 I understand that if my financial assistance membership is granted, I will be expected to pay the pro-rated amount for the month I join. I understand that the remainder of my membership will be paid monthly as an electronic funds transfer from either a debit/credit card or savings/checking account, or I will pay in for 1 full year at the time of joining.

🗔 I understand that any outstanding balances on my account must be paid in full before financial assistance will be granted.

🗔 I understand that some programs are excluded from financial assistance, including, but not limited to Personal Training, Private Swim Lessons and Competitive Programs. I understand that exclusions are at the discretion of the Danville Family YMCA and may include programs not listed above.

🗔 I understand that I have 30 days from the approval date to redeem the offer.

🗔 I understand that when I agree to an automatic draft from a Debit/ Credit Card, or Checking/ Savings Account that the YMCA will continue to draft from that account until I sign cancellation paperwork.

The Danville Family YMCA believes a strong sense of ownership and pride is developed when every member contributes to the cost of his/her YMCA involvement. What is the maximum family contribution you believe you can make toward your membership or program experience? $\_\_\_\_\_\_\_\_\_\_ per month

I understand that by signing below, I certify that I have read and agree to the above terms and that the information provided is true and accurate and complete to the best of my knowledge. I understand that falsification of the information submitted will result in discontinuation of services provided.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discounts that are available for Financial Assistance Memberships:

***Program*** You or your children may participate in YMCA programs at **25% off** of the published facility Member fee. (Excluding Private Swim lessons, Swim Team, & Personal Training.)

***Y-Kids Child Care***Your child(ren) may participate in the Y-Kids Program

(After care) for a fee of **25% off** of the monthly fee charged**.**

***Y-Kids Days Off*** Your child(ren) may participate in the Y-Kids Days Off program for a fee

of **$16.50** per day, per child.

**Summer Camp** Your child(ren) may participate in the YMCA Summer Camp Program at **25% off** of the Published facility member fee or non-member fee.

**(Cannot be used in addition with Child Care Resources.)**