

# 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 a current Federal Income Tax Return (Form 1040, 1040a, 1040ez): Each applicant will need to bring in a current tax return showing total household income. Income needs to be presented for all adults in the household regardless of relationships or varying interest in joining the YMCA. 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 <a href="http://www.irs.gov">http://www.irs.gov</a> 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. If a Federal Tax Return is not available, the applicant needs to provide the most current relevant documents as listed on the last page of the Financial Assistance Application.

#### O: 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, 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 for immediate approval, on our website or mailed to our facility at 1111 North Vermilion Street, Danville, IL 61832 Attn: Membership Office. If you qualify, you will be notified by email within 7 business days of submitting the completed application and financial documents.

#### 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 from local businesses and foundations, and proceeds, including our annual campaign.



## Danville Family YMCA FINANCIAL ASSISTANCE REQUEST

PERSONAL INFORMATION [PLEASE PRINT]		1	Membership ID #	
First	MI	Last		
Address	City	State	Zip	
Primary Phone		Cell Phone		
Birthdate Email				
FAMILY INFORMATION [PLEASE PRIN	ІТ]			
First	Last	Birthda	ate Gender	
First	Last	Birthda	ate Gender	
First	Last	Birthda	ate Gender	
First	Last	Birthda	ate Gender	
First	Last	Birthda	ate Gender	
First	Last	Birthda	ate Gender	
Membership:  Adult Household Single Part a regular cost of \$				
	at a regular cost of \$at a regular cost of \$			
	at a regular cost of \$			
Reason for fee reduction request (or su	bmit a letter of reques	t)		
Renewal YesNoPlea	se tell us how this assi	stance has positively impacted	d your family	

### **DOCUMENTATION OF INCOME:** The YMCA requires that applicants provide the requested information on income so that we can provide financial assistance in a fair and consistent manner across all applicants. What is the total annual income for your entire household? \$ What does this include? Wages \_\_\_\_ Govt. Support \_\_\_\_ Child Support \_\_\_\_ Other \_\_\_\_ Please attach copies of the following items as proof of income: Federal Income Tax Return (Form 1040, 1040a, 1040ez): Each applicant will need to bring a current tax return showing total household income. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA. If a Federal Tax Return is not available, the applicant needs to provide the most current relevant documents: 1. **Social Security Benefit Statement** 2. Earned Income Statement from Social Security 3. Disability or Pension Benefit Document (1099R) 4. 401(k) or 403(b) Retirement Distribution Statement(1099R) 5. Pay stubs (current month (4 weeks) documentation) 6. Unemployment checks (current month (4 weeks) documentation) 7. Child Support / Alimony (court order of payment receipts) SNAP Benefit 8. 9. Section 8 Housing Statement / Housing Assistance When above documentation is unavailable, a written reference on organization letterhead from a refugee agency; agency that assist homeless, or other community organization who has a close relationship with the applicant with knowledge of the applicant's income status may be used. Confirmation of enrollment in a secondary educational institution with award/loan data and visa information for international student may be accepted. Statement by applicant: I certify that all information provided to the Danville Family YMCA is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant fee adjustment is at the sole discretion of the Y's leadership or its designee. I understand that I must renew my scholarship assistance every year, prior to my membership expiration, if I still wish to receive a reduced rate. This is not a quarantee that I will receive the same reduction of fees. Date Signature of Applicant \_\_\_\_\_\_ **OFFICE USE** Reviewed by \_\_\_\_\_\_ Date \_\_\_\_\_ □ Proof of income verified and complete. Date \_\_\_\_\_ Qualified Family Members: Individual \_\_\_\_\_1 adult + children \_\_\_\_\_2 adults + children \_\_\_\_\_ Approved Scholarship% \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Membership Director \_\_\_

Executive Director Approval \_\_\_\_\_\_

Date

Date \_\_\_\_\_