

# 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 PLUS a current tax return for each adult member contributing incoming to the household, along 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.

#### O: 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, you will be notified by US mail within 10-14 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 and proceeds, including our annual campaign.

# Step 1

# **Personal Information**

YMCA STAFF USE ONLY		
Date Application Received:	Received by:	

Name:	Date of Birth:			
Spouse Name:		Date of Birth:		
Home Address:				
City, State, Zip Code:				
Primary Phone:	rimary Phone: Secondary Phone:			
Email Address:				
Legal Dependents in the I	Household:			
Name(First and Last)	Date of Birth(MM/DD/YY)	Gender	Relationship	
- What type of mem	bership are you applying for?			
☐ Youth/Teen/Young Adu	lt $\ \square$ Adult (18+) $\ \square$ Single Pa	rent Family 🗆 Far	nily □ Senior	
- Are you applying f	or financial assistance for a YMCA	program? □ Yes	□ No	
- If yes, which progr	ram(s)?			
Have you previously been	a member of the Danville Family	YMCA? □ Yes □ I	No	
Are you a current membe	r re-applying for financial assistan	ce? □ Yes □ No		
Would you be willing to vo	olunteer your time or talents to the	e YMCA? □ Yes □	] No	
If so, please list your area	a(s) of interest			

Step 2

Signature: \_\_\_

## **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.

include official documentation of these benefits a	iong with		acioni.
Monthly Income	Yes/No	Monthly Amount	
Applicant's total wages, salary and tips, if employed	165/110	Amount	
Spouse/significant other total wages salary and tips,			YMCA OFFICE USE ONLY
if employed			Add Use - Danisated
Children 19+ total wages, salary and tips, if employed			Add'l Info Requested:
Unemployment Compensation			Date Approved:
Social Security Benefits			Approved by:
Veteran Compensation			Approval Letter Sent:
Disability Compensation			
Retirement/Pensions			Member called:
Child Support			Membership Type:
Alimony/Family Support			Start-Up Fee:
Food Stamps			
Medical Card(s)			Monthly Dues:
Other State Funded Assistance (explain below)			Program Discount:
Other (explain below)			
* Please use a separate piece of paper to explain	any other	<u>circumsta</u>	inces pertaining to
your situation.			
Step 3 YMCA Rights and Agreements			
By initialing the box, you are confirming that you have	road and a	aroo to oac	sh of the following:
By initialing the box, you are confirming that you have			_
I understand that my financial assistance is granted for one year	ar from the d	ate of approva	II. Upon expiration, the
recipient must re-apply with current and updated information.			
I understand that if my financial assistance is revoked or expire	es, that my m	onthly member	ership 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 gran	nted, I will be	expected to p	pay the pro-rated amount for
the month I join. I understand that the remainder of my membership			
from either a debit/credit card or savings/checking account, or I will			
I understand that any outstanding balances on my account mu	st be paid in	full before fina	ncial assistance will be
granted.	oc 50 pa.a		
	esistanse in	duding but no	at limited to Demonal
I understand that some programs are excluded from financial a		_	
Training, Private Swim Lessons and Competitive Programs. I underst Family YMCA and may include programs not listed above.	and that exci	usions are at t	The discretion of the Danville
· · · · · ·	baa baan	T.	understand that I have 20
I understand that I will be notified by US mail once my applicated days from the notification date to redeem the offer.	tion has been	processed. 1 t	understand that I have 30
<del></del>			
I understand that if my application is incomplete, I have 30 days			
and/or provide the required documentation. I understand that after 3	30 days my a	pplication will	be discarded.
The Danville Family YMCA believes a strong sense of ownership and p	orido is dovol	anad whan av	ory mambar contributes to
the cost of his/her YMCA involvement. What is the maximum family of			
membership or program experience? \$ per month	,	,	,
Tunderstand that by signing below I soutify that I have read and any	roo to the al-	wa tarma and	that the information
I understand that by signing below, I certify that I have read and agree provided is true and accurate and complete to the best of my knowle			
submitted will result in discontinuation of services provided.	anacis		

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