



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership and Program Assistance Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Legacy YMCA ensures that ever individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes no one should be denied access to the Y based on an inability to pay. Through our **Annual Sustaining Campaign**, the Legacy Y provides assistance to youth, adults, families and seniors based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled in a fair and consistent manner. Every Legacy Y member receives the same membership benefits, regardless of whether or not they receive membership, or program support. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



PLEASE NOTE

- Support from our Annual Sustaining Campaign reduces membership and program fees; it does not eliminate them.
- All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- All family members who want to be considered must be included on the income tax return provided.
- \$5.00 processing fee will be applied upon approval.
- The joining fee can be waived for each recipient.
- Pro-rated amount for monthly fee must be paid.
- Financial assistance only applies to membership fees, childcare, and group swimming lessons.
- This application does not register the participant, nor does it reserve space in a YMCA program.

Support is granted after a review of all documentation .
The Legacy YMCA reserves the right to request additional information when necessary.

MEMBERSHIP & PROGRAM SUPPORT APPLICATION

1 APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

If an applicant is under 18: Parent, or legal guardian's name

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult _____ DOB _____

Parent/Guardian/Adult _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other dependent(s) _____ DOB _____

3 I AM APPLYING FOR

Mark the category you are applying for

STUDENT

ADULT

MARRIED

ADULT W/DEPENDENT CHILDREN

SENIOR ADULT

SENIOR MARRIED

AFTER SCHOOL / SUMMER CAMP

SPECIALTY CAMP

SWIMMING LESSONS

Who has custody of the child(ren)?

Joint Mom Dad

Foster Guardian

Parent/Guardian #1

At Home Working In School

Parent/Guardian #2

At Home Working In School

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES
FOR LAST YEAR

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing ONE 1040 form

We file more than ONE tax form in our household, we are providing
_____ 1040 forms.

\$ _____
TOTAL ANNUAL ADJUSTED HOUSEHOLD INCOME

or

I DID NOT FILE TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME
HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (include pay stubs or
documentation of government assistance)

\$ _____ x 12 =
30 DAYS OF INCOME MONTHS

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree; if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I, or my children must cancel our participation, I will contact the Legacy YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5 Signature of person completing this form _____ Date _____

Bring all applicable financial documents to the Legacy YMCA for verification.

FOR MEMBERSHIP STAFF USE Date Request Received _____

Annual Adjust Gross Income Verified _____ (staff initials) Dependents Verified _____ (staff initials)

_____% Approved _____ Denied _____ Updated in Daxko _____ Applicant Contacted

CEO Signature _____ Expiration Date _____

Additional Notes _____

MEMBERSHIP

PROGRAM