

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.

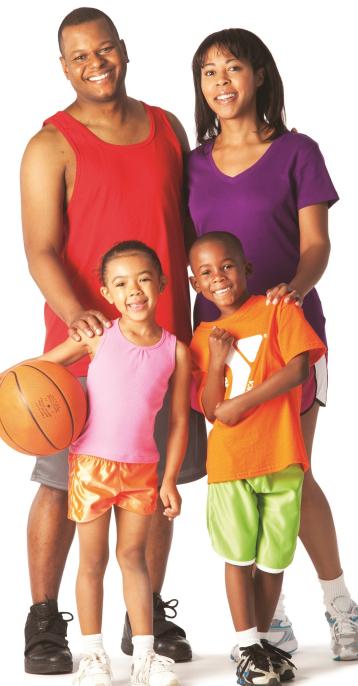
COMMITTED TO OUR COMMUNITY

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	
City	
	Zip
Home Phone_()	
Cell Phone()	
If an applicant is under 18	B: Parent, or legal guardian's na

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	DOB
Parent/Guardian/Adult	DOB
Child	DOB
Other dependent(s)	DOB

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS: I AM APPLYING FOR Mark the category you are applying for I FILED FEDERAL TAXES FOR LAST YEAR STUDENT _____ 1040 Federal Tax Form(s) for all incomes in household ADULT MEMBERSHIP I am an individual filing jointly; I am providing ONE 1040 form MARRIED We file more then ONE tax form in our household, we are providing ____ 1040 forms. ADULT W/DEPENDENT CHILDREN SENIOR ADULT TOTAL ANNUAL ADJUSTED HOUSEHOLD INCOME SENIOR MARRIED or I DID NOT FILE TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR AFTER SCHOOL / SUMMER CAMP Documents showing most recent 30 days of income (include pay stubs or SPECIALTY CAMP documentation of government assistance) PROGRAM SWIMMING LESSONS \$______ x 12 = 30 DAYS OF INCOME MONTHS Who has custody of the child(ren)? TOTAL ANNUAL HOUSEHOLD INCOME Joint Mom Dad 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; Foster Guardian 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 Parent/Guardian #1 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 At Home ___ Working __ In School any of the above information, I will not be eligible for assistance now and/or in the future. Parent/Guardian #2 At Home Working In School Signature of person completing this form Date Bring all applicable financial documents to the Legacy YMCA for verification.

FOR MEMBERSHIP STAF	FUSE Date R	equest Received	
Annual Adjust Gross Inco	ome Verified	(staff initials)	Dependents Verified (staff initials)
% Approved	Denied	Updated in Daxko	Applicant Contacted
CEO Signature			Expiration Date
Additional Notes			