



YMCA OF VAN WERT COUNTY

FINANCIAL ASSISTANCE

MEMBERSHIP ASSISTANCE POLICY

The YMCA of Van Wert County strives to provide services and access to the Y for families and individuals who need them, regardless of your financial situation, within our available resources. The YMCA of Van Wert County has established fees at rates affordable to the majority of residents in Van Wert County. Those families or individuals who are unable to afford the true cost of our services may be awarded partial assistance based on their financial situation and the YMCA's ability to provide assistance.

APPLICATION PROCESS

Please follow the steps below to be considered for financial assistance through the YMCA of Van Wert County.

- Complete the entire application to the best of your ability.
- Provide a copy of a current employment pay stub or proof of income (Copies only please).
- Provide current proof of any income from other support agencies (copies only please).
- For your financial security, please black out any social security numbers or bank account numbers prior to submitting your forms.
- Assistance will be provided on the basis of need.
- A sliding scale will be used to determine the amount of assistance provided. Every family or individual will be asked to pay a portion of the membership fee.
- Financial assistance is granted on an annual basis. **Applicants MUST reapply each year on their renewal date** (shorter memberships may be granted under special circumstances).
- Financial assistance cannot be combined with other discounts, coupons, or other promotional offers.

SUSTAINING MEMBERSHIPS

Financial Assistance funds are made available due to the generous contributions to our sustaining memberships campaign. Contributions to this fund are accepted from local businesses, YMCA members, and friends of the YMCA of Van Wert County.

UNITED WAY

Our YMCA programs are sponsored in part by a generous donation for the United Way of Van Wert County.





OFFICE USE ONLY

Receive Date _____ Discount _____% Member Will Pay \$ _____

Approval Date _____ Membership Type _____

Method of Payment _____ New Application _____ Renewal _____

WELCOME ALL

FINANCIAL ASSISTANCE

Please fill out this application completely. Please print clearly. All information is confidential.

APPLICANT INFORMATION

Title _____ First Name _____ Last Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Main Contact Number _____ Other Contact Number _____

Email Address _____ I am a current YMCA Member _____

EMPLOYMENT

Employer _____

Employment Status ___ Full Time ___ Part Time ___ Unemployed

___ Retired ___ Disabled

Hourly Wage _____ Spouse's _____

Gross Annual Income _____ Spouse's _____

Total Gross Annual Income _____

MEMBERSHIP TYPE

_____ Adult

_____ Household

_____ Day Camp Financial Aid

ALL PERSONS LIVING IN HOUSEHOLD

Marital Status _____ Do you share expenses _____ Total number of people in household _____

Parent/Adult _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

Dependent _____ Birthdate _____ Relationship _____

MONTHLY HOUSEHOLD INCOME

Applicant Monthly Income	Spouse	Monthly Expenses
Wages (gross) _____	_____	Rent/Mortgage _____
Child Support _____	_____	Utilities _____
Unemployment _____	_____	Car Payment _____
Workers Comp _____	_____	Child Care _____
Social Security _____	_____	Other _____
SSI _____	_____	
Food Stamps _____	_____	
Other _____	_____	

Please provide verification of household income. Preferably your latest pay stubs or deposit documents.

NEED

Please tell us why you are seeking financial assistance

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA of Van Wert County immediately of any change in the above information. I also understand that false information on this application would void any financial assistance I have received.

Signature of Applicant _____ Date _____

OUR MISSION

TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND, AND BODY FOR ALL PEOPLE IN OUR COMMUNITY.

