



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## Membership & Program Support 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 Northeast Iowa YMCA ensures that every 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 that no one should be denied access to the Y based on their ability to pay. Through our **Annual Campaign**, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Y in a fair and consistent manner. Every YMCA 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.



### Number of Members in the Household

Family Income	1	2	3	4	5+
\$0 - \$14,299	70%	80%	80%	90%	90%
\$14,300 - \$20,899	60%	70%	70%	80%	90%
\$20,900 - \$27,499	30%	50%	60%	70%	80%
\$27,500 - \$36,299	10%	30%	50%	60%	70%
\$36,300 - \$41,799	0%	20%	40%	50%	60%
\$41,800 - \$54,999	0%	10%	20%	30%	50%
\$55,000 - \$59,999	0%	0%	0%	20%	40%

### PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees; it does not eliminate them.
- Support is awarded based on household size and annual income, up to \$60,000. All support will be granted for 3, 6 or 12 months.
- Membership and program fees are subject to change upon annual review.
- Members are responsible for payments for the duration of the membership. A 15-day notice is required to cancel membership for any reason.

Support is granted following a review of all documentation.

The Y reserves the right to request additional information when necessary.

[www.neiyamca.com](http://www.neiyamca.com)

# Membership, Program and Childcare Support Application

## 1 APPLICANT INFORMATION

Name	DOB
Email	
Mailing Address	
City	
State	ZIP Code
Home Phone ( )	
Cell Phone ( )	
Employer	

## 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
Other dependent(s)	Age(s)

## 3 I AM APPLYING FOR

Check the category for which you are applying

- YOUTH
- ADULT (ages 18+)
- ADULT
- SINGLE PARENT HOUSEHOLD
- FAMILY
- SENIORS (62 +)
- COUPLES (2 adults with same address)
- EARLY BIRD - SCHOOL AGE CARE

## 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 DID NOT FILE FEDERAL TAXES FOR LAST YEAR

- A statement of non-file from the IRS **AND**
- Social Security Benefit Statement or most recent pay stub

### MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- Include current federal tax forms
- Include explanation for reason of income change

$$\text{\$ } \underline{\hspace{2cm}} \times 12 = \text{\$ } \underline{\hspace{2cm}}$$

MONTHLY INCOME  TOTAL ANNUAL HOUSEHOLD INCOME

(INCLUDE CHILD SUPPORT & GOV'T ASSISTANCE)

## 5 Source(s) of Monthly Household Income

Wages: \$ \_\_\_\_\_

SSI: \$ \_\_\_\_\_

Disability: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Food Share: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## 6 How will you benefit from a Y membership?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 YMCA immediately so sponsorship 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.

7 \_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_ Date

Bring all applicable financial documents to your YMCA branch for verification.

**FOR MEMBERSHIP STAFF USE** Date submitted \_\_\_\_\_ Applicant ID # \_\_\_\_\_

Membership pre-approved for a **monthly rate** of \$ \_\_\_\_\_ with an **Annual Campaign support** of \$ \_\_\_\_\_ with a **program discount** of \_\_\_\_\_ %

**New** or **Existing Member** (circle one) Exp. Date \_\_\_\_\_ Past balance \$ \_\_\_\_\_

This pre-approval is valid for 30 days and subject to verification.

Staff reviewed \_\_\_\_\_