



YMCA of Greater Des Moines Financial Assistance Application



— CONFIDENTIAL —

Please Print:

Name _____ Birthdate _____ Sex _____ Race* _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____

Email Address _____

Please list dependents if applying
for a family membership

EEOC Codes*

C— Caucasian B— Black A— Asian M— Middle Eastern
N— Native American I— Indian H— Hispanic O— Other

Spouse _____ Birthdate _____ Sex _____ Race _____

Dependent _____ Birthdate _____ Sex _____ Race _____

Dependent _____ Birthdate _____ Sex _____ Race _____

Dependent _____ Birthdate _____ Sex _____ Race _____

Dependent _____ Birthdate _____ Sex _____ Race _____

What type of membership are you applying for: Adult Family Single Parent Family Youth Senior Senior Family

What programs are you needing assistance on : Aquatics _____ Adult programs _____ Youth sports/programs _____

Before/After school care _____ Summer camps _____ Residence Camp _____ Family programs _____ Teen programs _____

How much do you feel you can afford to pay for this YMCA membership? _____ per month or program? _____

Please check the reason you are applying for financial assistance:

Limited Income _____ Loss of Job _____ Medical Bills _____ Divorce _____ Other, please specify: _____

Financial Information:

\$ _____ Monthly Gross Paycheck

\$ _____ Spouse's Gross Paycheck

\$ _____ Alimony/Dependent Support

\$ _____ Supplemental Support (housing, food stamps, social security, etc.)

\$ _____ Other Income

\$ _____ Total Monthly Income

The YMCA of Greater Des Moines is a non-profit agency open to all people regardless of age, race, religion, or ability to pay. Thanks to many generous community supporters, the YMCA strives to not turn away anyone due to an inability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved.

By my signature I am requesting assistance from the YMCA due to my personal circumstances and I certify that all information provided is correct.

Signature _____ Date _____

FOR OFFICE USE ONLY

Membership Code _____ Published Price _____ Member ID# _____

Amount of Assistance _____

Paid By Member _____ Draft Amount _____

Process By _____ Date Received _____ Approved By _____

Notes _____

YMCA Mission
To put Christian principles
into practice through
programs that build
healthy spirit, mind
and body for all.



YMCA of Greater Des Moines Financial Assistance Application

The YMCA of Greater Des Moines offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, the YMCA opens doors to all in the community through the financial assistance program. All records are kept confidential. Assistance is available for YMCA programs and membership. A sliding scale is used to determine how much assistance is awarded.

INCOME VERIFICATION GUIDELINES...

Financial assistance applicants must provide the following financial verification:

1. Most recent income tax return (*Not W-2 Forms*)*
2. Last two paycheck stubs

Applications that do not include the required financial verification will not be considered for a reduced fee YMCA membership.

EXCEPTIONS TO ABOVE AS FOLLOWS:

1. Government Assistance: Notice of Decision (with names of eligible person(s) and total income including food stamps.
2. Social Security Disability: Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable.
3. Unemployed: Notification of eligible benefits from unemployment office. **Federal tax return will still be needed as unemployment is a taxable income.**
4. Full-time college student: Letter from registrar's office indicating a current full-time student status, accompanied by a detailed listing of loans for the current school year, if applicable. A school schedule is NOT adequate documentation.
5. Please see membership staff if your income falls under different criteria as stated above.

**Applicants who do not have their federal tax return may go to the IRS office on the first floor of the Federal Building and receive a free statement that verifies they have filed their return as required by law.*

HOW TO APPLY FOR FINANCIAL ASSISTANCE...

- ▼ Completely fill out financial assistance application, membership application and/or program registration form.
- ▼ Turn in application and provide **complete financial verification** to the YMCA membership desk (see income verification guidelines).
- ▼ Your application will not be accepted unless required verification is submitted in its entirety.
- ▼ Applicants will be contacted by YMCA staff with their awarded amounts within 2 business days.
- ▼ Application will be kept on file for 60 days. All unclaimed applications will be considered void and the applicant will need to reapply.
- ▼ Information must be submitted on an annual basis. A change in income or situation may result in an adjustment in your scholarship award.
- ▼ All Financial Assistance renewals will be handled as new memberships and should follow the same guidelines.
- ▼ An annual increase in January will be assessed to your account based on the percentage of assistance.

**ANKENY FAMILY
YMCA**
(515) 965-8800

**BOONE COUNTY FAMILY
YMCA**
(515) 432-5925

**JOHN R. GRUBB
YMCA**
(515) 246-0791

**RIVERFRONT
YMCA**
(515) 282-YMCA

**SOUTH SUBURBAN
YMCA**
(515) 285-0444

**WALNUT CREEK
FAMILY YMCA**
(515) 224-1888

**WAUKEE FAMILY
YMCA**
(515) 987-9996

**Y-CAMP
RESIDENTIAL CAMP**
(515) 243-0100

**AMES-ISU
STUDENT YMCA**
(515) 294-2263

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