

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 its doors to all in the community through the financial assistance program. All records are kept confidential. Assistance is available for YMCA memberships and programs. A sliding scaled is used to determine how much assistance is awarded.

HOW TO APPLY:

1. Call the YMCA to check eligibility and schedule an appointment.
2. Bring in this form completed and all applicable income verification. *Your application may be denied for lack of documentation.*
3. You will be required to renew financial assistance information annually or your membership will be terminated.
4. Proof of income is required for all adults on account. Proof of dependency is required for all children on account.

Member Name: _____ Membership ID #: _____

Date of Birth: _____ Phone #: _____

PART I (SCHEDULING APPOINTMENT)

Appt Date: _____ Time: _____ Location: _____

Why are you applying for assistance: Limited Income Loss of Job Medical Bills Other(please specify) _____

What are you interested in? Membership Programs (Please specify) _____

Type of Membership Applying for: 1Adult Family 1Senior Senior Family

How many people in your household will be on the membership: _____ What amount can you afford monthly, for this membership? _____

Income Verification	Please highlight all that apply:
Did you file federal income taxes?	*Go to www.irs.gov for a pdf of official filing or www.ssa.gov to see last year's recorded income
What kind of assistance do you receive?	
Y or N Do you receive any child support or alimony?	Bring award letter or bank statement showing income
Y or N Do you receive any government assistance support?	www.ebtedge.com , Proof of food and cash benefits
Y or N Do you receive monthly SSI or SSDI?	Go to www.ssa.gov to print an award letter
Y or N Do you receive a pension or retirement?	Bring award letter
Y or N Do you receive weekly unemployment?	Bring award letter
Y or N Do you receive other monthly financial support? If Y, what?	See income verification guidelines for help

**If applying for family type membership, Can you verify that all people on the membership are your dependents and live in your household?

REMINDER: Proof of income is required for all adults on account. Proof of dependency is required for all children on account.

Staff Signature _____ Applicant Signature _____

**If Appointment Scheduled over the phone, write "on phone" in applicant signature line.

PART II (AT APPOINTMENT)

Income Documentation Adult 1 _____ Gross Income _____

Income Documentation Adult 1 _____ Gross Income _____

Income Documentation Adult 2 _____ Gross Income _____

Income Documentation Adult 2 _____ Gross Income _____

Total Annual Income _____

Dependent Documentation (if app.) _____ Total # of persons on membership _____

Notes:

Full Price Membership Amount: _____

Membership amount after Assistance: _____

% Assistance Offered: _____