



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Gateway Region YMCA – Financial Assistance

The Gateway Region YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, our Annual Campaign and the United Way, the YMCA is accessible to everyone in the community through financial assistance. All records are kept confidential. Assistance is available for YMCA programs and or membership. A sliding scale is used to determine how much assistance is awarded.

Eligibility:

1. Membership and program assistance is evaluated on an individual basis depending upon demonstrated financial need. The family income guidelines developed by the Gateway Region YMCA will determine initial eligibility. Subjective factors such as recent loss of employment, healthcare issues or other extenuating circumstances are also considered with substantiating documentation. If desired, a meeting can be scheduled with a member service representative. All discussions and paperwork are kept confidential.
2. In order to be considered eligible for financial assistance, each applicant must complete the attached assistance form and submit proper documentation. Applications which are not complete will delay the process until all necessary paperwork is submitted. Total supporting income and support must be provided. Verification of Household Income Adults in the Household, whether they choose to be on the membership or not. Falsification or non-disclosure of any item will result in denial of assistance or immediate termination of already awarded assistance.
3. The support for financial assistance comes from contributions through our Annual Campaign. The awards far surpass the funds raised and in an effort to support as many requests as possible, each recipient is asked to pay some portion of the membership or program/activity fees. These payments are in accordance with our guidelines.
4. Eligibility for financial assistance must be renewed on an annual basis with new application and supporting documentation. Should your financial situation change during the course of your assistance, one may request a review by writing a letter explaining the situation and providing documentation to verify the change in income or circumstances.

Note to Applicants:

1. **Contact your local branch**-if you have questions or need clarification.
2. **Total household income** is verified annually by current income tax returns. If income tax was not file for the past year, a "1722" letter verifying "Non-Verification of Filing Status" must be included. If unemployed but not yet receiving payments, include a letter from the state regarding the status of the claim. Non-US citizens must provide a copy of their Visa.
3. **Processing Period:** There is a maximum of a 14 day processing period for completed applications, and at high volume times additional days may be needed. Please hold your phone inquiries about status until the 14 days have passed. For those turning in additional information the 14 days starts when all necessary documents are received. Should there be circumstances which cannot be made clear with the submitted paperwork a personal interview can be arranged with your member service representative. Please contact your local branch if you have concerns regarding this process.
4. **Please submit copies** and keep your originals. We can make copies if necessary.
5. **Method of Payment:** Once all the data is compiled you will receive a phone call or award letter in the mail which will have an expiration date. Please come in and set up your membership or program as soon as possible. Bring in your photo ID, payment for the first month and billing method. The best source is your personal checking or savings account. The options for payment are: monthly draft or payment in full for the year.

Helpful Numbers:

Internal Revenue Service (IRS) 800-829-3676 (Letter of Non-Verification Filing) 800-829-1040

Missouri

Dept. of Family Services 314-340-5000

Social Security Administration 314-772-1313

Unemployment Office 314-340-4950

Illinois

Dept. of Family Services 800-847-6770

Social Security Administration 866-311-1119

Unemployment Office 866-311-1119

The following may be required if no tax return is available

Item	Description	Source
W-2's	Copies of 2 months most recent pay stubs for all adults. Only if there is a significant change in income & to verify individual income for those filing jointly	current employer
Letter of Non-filing	If taxes were not filed	IRS website or office
Change in income from last year		current employer
Copies of all subsidy letters received for anyone in the house	Social Security or SSI Disability	Social Security Administration
	Division of Family Services, Food Stamps, Foster Care support, Section 8 or any housing support, Temporary assistance	Division of Family Services
	Utility assistance	Housing Authority
	Unemployment disbursements	Unemployment web site
	Maintenance support	Divorce Decree
	Any other support to anyone in the house	Consult their caseworker
Other Income	Family support	Letter from their family with
	Portfolio Statement with disbursements	Financial Advisor or investor
	Pensions	Fund manager
	School Grants	School Registrar
	Inheritance	Estate disbursing agent
Still married, not living together	Copy of separation agreement, or if none both incomes need to be verified by taxes & subsidies and impact your financial situation, usually Medical	IRS, Attorney
Proof of dependency	Tax return should have dependents listed, if not on return, then a birth certificate and a letter from the school with the parents name, child's name. Divorce Decree with dependents names and custodial & tax arrangement	IRS, Attorney



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Last Name, First Initial _____ Member ID _____

How to apply for Financial Assistance:

- Turn in application, financial verification and dependent verification to the YMCA Welcome Center.
- Your application **will not** be accepted unless required verification is submitted in its entirety.
- Applicants will be notified of the decision within 10 business days of applying.
- Approved applications will be kept on file for 30 days. If unclaimed, please re-apply with most up to date information.
- You may renew your membership annually by following the same guidelines and submitting a letter stating how this program has affected you and or your family.
- The Y should be notified if there is a change in income/household status. This may result in a fee adjustment.
- If you have extenuating circumstances that you wish to explain please attach a letter.

Documents needed	Member Initials	Staff Initials upon receipt
Completed Membership/Program Application in its entirety; signed and dated		
Most recent Federal tax form ex. 1040, 1040ez, for Seniors or persons receiving Disability form must be attached.		
Documentation of all Household Income: monthly income, food stamps, social security, alimony, child support, VISA information etc.		
If applicant is unemployed: Official Unemployment Letter with eligible benefits or Denial Letter		
Documentation of dependents if they are not listed on tax return (under the age of 18) i.e. birth certificate or medical card		
Backside of this form completed in its entirety		
Expectations for renewal eligibility are: <ul style="list-style-type: none"> • 8 visits per household per month in order to renew membership • Program enrollment: during a 7 week session, no more than 3 program absences in order to enroll in the following session 		
Membership dues may be paid: <ul style="list-style-type: none"> • On a Bank Draft through checking or savings account • 1 year in advance 		

APPLICATION FORM

*Income	*Expenses
\$ _____ Monthly Gross Paycheck	\$ _____ Monthly Mortgage/ Rent
\$ _____ 2 nd Adult's Monthly Gross Paycheck	\$ _____ Utilities & Food
\$ _____ Alimony/ Child Support	\$ _____ Credit Cards
\$ _____ Social Security	\$ _____ Child Care
\$ _____ Unemployment	\$ _____ Medical
\$ _____ Pensions & Annuities	\$ _____ Car/ Student Loans
\$ _____ Food Stamps or Other Income	\$ _____ Other Expenses
\$ _____ Total Monthly Income	\$ _____ Total Monthly Expenses

How much can you afford to pay? For membership per month \$ _____ per program \$ _____

*We want to hear your story! Tell us why you and your family are applying for financial assistance with the Gateway Region YMCA. We want to know what circumstances sent you our way so that we can continue to provide assistance to thousands of families in our area, just like yours. Thank you in advance for choosing the Gateway Region YMCA.

- _____ No, I am not interested in telling my story at this time
- _____ Yes, tell my story but please do NOT use my last name in publications
- _____ Yes, I am interested in speaking at an Annual Campaign event to help raise funds
- _____ Yes, I am interested in taking pictures & video to tell my story in YMCA publications

By signing below, I am requesting assistance and certify that all information provided is correct.

Signature when application submitted in full: _____ **Date** _____

Staff Signature when application is received in full: _____ **Date** _____

Executive Director (if applicable): _____ **Date** _____

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



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Welcome to the Gateway Region YMCA!

☐ Member ☐ Guest Pass

Primary Contact Information (Adult 18+)

Primary Adult First Name	Primary Adult Last Name	Date of Birth	<input type="radio"/> M <input type="radio"/> F
Home Address	City	State	Zip
Primary Phone Number	Secondary Phone Number	Primary Email Address	
Emergency Contact	Relationship	Phone Number	

Household Members

First Name (and Last if different)	Date of Birth	Gender	Race/Ethnicity
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Additional Adult
1.

Dependents
2.

3.

4.

5.

6.

Background Information

As a non-profit organization, supported by the United Way, this information is confidential and strictly for reporting purposes for annual grant applications.

Ethnicity/Race:

- ☐ African-American
☐ Asian
☐ Bi/Multi-Racial
☐ Caucasian
☐ Hawaiian/Pacific Islander
☐ Hispanic/Latino
☐ Native American/Alaska Native
☐ Other _____

Annual Income:

- ☐ \$0 - \$9,999
☐ \$10,000 - \$14,999
☐ \$15,000 - \$19,999
☐ \$20,000 - \$29,999
☐ \$30,000 - \$49,999
☐ \$50,000 - \$99,999
☐ \$100,000+
☐ I do not wish to provide this information

Areas of Interest (please select all that apply)

- | | |
|---|---|
| <input type="radio"/> Adult Sports | <input type="radio"/> Social Activities |
| <input type="radio"/> Child Care | <input type="radio"/> Summer Day Camp |
| <input type="radio"/> Family Activities | <input type="radio"/> Swimming |
| <input type="radio"/> Fitness Center | <input type="radio"/> Teen Activities |
| <input type="radio"/> Group Exercise | <input type="radio"/> Water Fitness |
| <input type="radio"/> Senior Activities | <input type="radio"/> Youth Sports |
| <input type="radio"/> Overnight Camp | <input type="radio"/> Volunteering |
| <input type="radio"/> Other _____ | |

Notes:

How did you hear about the Y?

Employer Referral (name): _____
Member Referral (name): _____
Member Referral (unit ID #): _____
Other: _____

Member ID

Last Name:

CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, use any of the branch facilities or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Gateway Region YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Gateway Region YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE GATEWAY REGION YMCA THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Gateway Region YMCA.

Primary Adult (printed name)

Signature

Date

Additional Adult (printed name)

Signature

Date

PAYMENT AUTHORIZATION

Payment Type: ☐ Checking ☐ Savings ☐ Debit/Credit Card **Monthly Payment Date:** ☐ 1st ☐ 15th

Last Four digits of account/card _____

Monthly Draft Amount: _____

Name as it appears on bank account

Billing Address if different than Home Address

I (We) authorize and request the Gateway Region YMCA to charge my (our) checking/savings or credit card account for my (our) monthly fee and, if checked below, for monthly donations to the YMCA Annual Campaign. I (We) further authorize the financial institution to process these fees. I (We) understand fees are non-refundable and non-transferable. I (We) understand charges are continuous. If, for any reason, a payment is not honored by the financial institution, a service fee will be charged on any returned transaction. I realize I am still responsible for my payment including the service fee applied by the YMCA for each return incurred. This is in addition to any service fee my (our) financial institution may charge. The YMCA will resubmit a returned payment automatically and will notify me (us) with any issues. Two or more returns could result in termination of service. I (We) understand charges are continuous and it is my (our) responsibility to notify the YMCA in person to discontinue my (our) services and automatic payments. **I (We) understand cancellation requests must be submitted in writing on or before the 20th of the month prior to my (our) next draft date.** If I (we) notice a discrepancy on my (our) statement, I (we) will notify the YMCA promptly. I (We) understand refunds are not issued for discrepancies 90 days or more. The Y reserves the right to discontinue service at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

Payment Authorization Signature (Must be at least 18 years of age)

Date

OFFICE USE ONLY

Unit ID	Branch Number	Amount Paid	Draft Date	Checked Raptor
Membership Type	Financial Assistance	Corporate Partner	Draft Amount	YMCA Staff