



# HERE FOR ALL



## Membership & Program OUTREACH Application

### 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 OUTREACH Program, the YMCA of Callaway County 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 YMCA staff, 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.

#### PRIMARY APPLICANT:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ *notification of application will be sent via email*

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

#### OTHER PERSONS LIVING IN HOUSEHOLD *(to be included on membership, all persons must reside with the applicant)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### FOR YMCA STAFF USE ONLY

Date form received: \_\_\_\_\_ Approved  Yes  No Gross annual income \$ \_\_\_\_\_

Membership Type: \_\_\_\_\_ Discount \_\_\_\_\_ % Program Discount \_\_\_\_\_ %

Joining Fee \$ \_\_\_\_\_ Monthly Rate \$ \_\_\_\_\_ Annual Rate \$ \_\_\_\_\_ *Amount owed may vary within a few dollars based on how Daxko pro-rates the current month.*

Contact: \_\_\_\_\_ APP Expires: \_\_\_\_\_

Notes:

## HOUSEHOLD INCOME

PLACE A CHECK MARK IN ALL APPLICABLE BOXES BELOW INDICATING ANY INCOME AND BENEFITS YOUR HOUSEHOLD RECEIVES. ALL INCOME MUST BE VERIFIED BY ATTACHED COPIES OF DOCUMENTATION.

- Two (2) or more adults in the household are currently employed. Include 2 current paycheck stubs that list gross income from **EACH** adult.
- One (1) adult in the household is currently employed. Include 2 paycheck stubs from the employed individual that lists gross income.
- I, or someone in my household receives Social Security, TANF, Disability, Veterans Benefit, or SSI. Include a benefits letter or a current bank statement showing the amount received each month.
- I, or someone in my household receives Retirement/Pension/IRA or Trust Fund income. Include the most recent statement or other documentation showing the amount received each month.
- No one in the household is currently employed. Please see statement below \*\*
- I am claimed as a dependent by my parents/guardian on their Federal tax return. Include a copy of parents' income tax return and understand that the application will be reviewed based on this documentation.

## BENEFITS AND OTHER INCOME

Do you or others in your household receive income benefits such as UNEMPLOYMENT, CHILD SUPPORT, SNAP/Food Stamps, FOSTER CARE? If so please write the type and amount below. Verification of listed income may be requested.

Type of Benefit: \_\_\_\_\_ \$ \_\_\_\_\_ monthly

Type of Benefit: \_\_\_\_\_ \$ \_\_\_\_\_ monthly

\*\* If you have indicated that there is currently no income or benefits in your household, please attach a brief statement specifying how you are currently meeting your basic needs and how you will be able to include YMCA Membership fees into this plan.

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## READ & INITIAL EACH ENTRY and SIGN BELOW

\_\_\_\_ 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 if I falsify any of the above information, I will not be eligible for assistance now or in the future.

\_\_\_\_ I understand that those receiving 80-90% assistance are required to pay annually.

\_\_\_\_ I understand that this application must be renewed annually.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I am applying for:

\_\_\_\_\_ MEMBERSHIP & PROGRAMS - Membership type will be selected by the number of persons listed on the application.

\_\_\_\_\_ PROGRAMS ONLY