



Bloomington-Normal
YMCA

We build strong kids,
strong families, strong communities.

BLOOMINGTON-NORMAL YMCA

Financial Assistance Application

Date: _____

Personal Information

Please Check: _____ New Member/Program _____ Renewal

Are you currently a Bloomington-Normal YMCA member? _____ Yes _____ No

Name of Applicant _____ Birth Date _____

Street Address _____ City/Zip _____ Phone _____

Check Race: Asian Black Hispanic White Other

Check Status: Single Married Divorced Separated

Please list below ALL persons living in household:

	Name	Birth Date	Age	Sex (M/F)	School/Employer	Relationship to Applicant	Circle Interest: Program, Membership, Both	
2.							P	M
3.							P	M
4.							P	M
5.							P	M
6.							P	M
7.							P	M
8.							P	M

Number of dependents claimed on last year's income tax return:

Please indicate **MEMBERSHIP** type and/or **PROGRAM** you are requesting:

Adult Family Husband/Wife Senior

Youth Teen/College PROGRAM (specify) 1. _____
2. _____
3. _____

How do you and your family intend to benefit from a Bloomington-Normal YMCA membership? _____

Would you be interested in volunteering your time to help with YMCA programs or services? Yes No

If yes, briefly tell us about your interests or special experiences.

Please discuss in detail any extenuating circumstances that affect your ability to pay YMCA membership fees that may not be evident on your financial information. _____

Household Income/Expense Information

What was the total gross income you reported on last year’s income tax return? \$ _____

Are you currently employed? Yes No Are you a full-time student? Yes No

Most recent place of employment _____ Employment Dates _____

Spouse/dependent employment _____ Employment Dates _____

Please list ALL sources of income for you or your dependents; **including family & significant others.**

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES	
Gross Wages, Salaries, Tips, Etc.	\$	Rent/Mortgage Payment	\$
Unemployment Compensation	\$	Heat, Electric, Water, Sewer, Etc.	\$
Social Security/Disability	\$	Land/Cell Phones	\$
Pension	\$	Cable/Satellite Television	\$
Investment Income	\$	Car Payments...how many vehicles?	\$
Child Support	\$	Auto Insurance	\$
Aid for Dependand Children	\$	Alimony/Child Support	\$
Food Stamps	\$	Medical Insurance	\$
Alimony	\$	Out of Pocket Medical Expense	\$
Student Financial Aid	\$	Clothing	\$
Other	\$	Other Loan Payments & Misc.	\$
Total Monthly Household Income:	\$	Total Monthly Household Expenses:	\$

Reference

The YMCA asks that you provide us with a letter of reference from an individual who is aware of your financial situation and with whom you know in a professional capacity (i.e. pastor/minister, counselor, school teacher/administrator, financial advisor, source of public aid, etc.). The letter should address the applicant’s need for YMCA services and be written and signed on the organization’s letterhead.

Other Documentation

Documentation that must accompany your financial assistance application includes:

- 1) Picture identification
- 2) Copies of last three pay check stubs from each source of income
- 3) Validation of any other sources of income to include public aid, alimony, disability, unemployment, etc.
- 4) Copy of last year’s income tax return
- 5) Written Reference

I hereby give the Bloomington-Normal YMCA permission to verify any/all information provided on this application. All information provided is correct to the best of my knowledge. I understand that the YMCA has the right to terminate or suspend my membership at any time if I fail to make payment or display conduct detrimental to the enjoyment of our facilities or programs. By signing, I understand that I participate in YMCA programs and use the facility at my own risk and assume full responsibility for and risk of bodily injury, death, or property damage resulting from use of YMCA facilities and programs.

Applicant Signature _____

Date _____



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Bloomington-Normal YMCA Financial Assistance Program - INSTRUCTIONS

The mission of the Bloomington-Normal YMCA is to promote Christian principles through programs that build healthy spirit, mind, and body for all. As we strive to deliver our mission successfully to the community, the YMCA understands that we may need to provide assistance to individuals and families who cannot financially afford to pay for YMCA membership and programs in full. Therefore, within the available resources of the association, the Bloomington-Normal YMCA will not turn anyone away because of an inability to pay.

The Bloomington-Normal YMCA Financial Assistance Program is made possible with the contributions of fellow YMCA members, the United Way, and other community members. All application records are kept confidential.

Applicants must meet the following qualifications to be considered for financial assistance.

- **Applicants must turn in complete applications...including all information listed below.**
- Applicants must work or reside in the Bloomington-Normal YMCA service area.
- Assistance will be granted on the basis for financial need such as low income, number of dependents, and extenuating circumstances.
- The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of their membership dues.

For consideration, applicants must turn in the following information:

1. **Completed application.**
2. **Picture identification.**
3. **Copies of three most recent paycheck stubs from each source of income.**
4. **Validation of ALL sources of income; examples include any source of public aid, alimony, disability, unemployment, social security, child support, housing subsidy, or food stamps.**
5. **Copy of most recent year's income tax return** – If you do not have a copy of last year's income tax return, you may obtain one by calling the IRS at 1-800-829-1040.
6. **Written reference** – The letter must include how the individual knows the applicant and why they would benefit from a YMCA membership. The reference must be from someone who knows the applicant in a professional capacity and be typed or written on that organization's letterhead. Examples include but are not limited to ministers, family counselors, financial advisors, teachers/school administration, and public officials.

When approved, recipients will be asked to pay monthly and may be asked to verify their information as often as quarterly during a calendar year. It is the recipient's responsibility to notify the YMCA if their income changes. It is also the recipient's responsibility to pay back any subsidy provided after their income changes for the better if they continue to benefit from subsidized membership or programs.

The YMCA will make every attempt to process financial assistance applications within three weeks. However, during our peak application times (typically December – March) the large number of applications may increase the amount of time it takes for processing.