



# BLOOMINGTON-NORMAL YMCA FINANCIAL ASSISTANCE APPLICATION

Our Y works hard to ensure that everyone has the ability to learn, grow, and thrive. That is why we provide financial assistance to families and individuals so they can take part in YMCA programs and membership. All membership rates will be based upon the household income and size of the family. A sliding scale is used to determine membership and program fees. Members must reapply every 18 months or if adding additional family members to their account.

### YMCA Mission

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

In order to apply, you must provide us with documentation from one of the three options below.

### INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED

If you are in need of a non-filing letter, contact the Bloomington IRS Office: (800) 829 - 1400

**OPTION 1**  
**Required Documents**

- Valid Driver's License/ID for all adults on the application
- Most current 1040 or non-filing letter (from the IRS)

**OPTION 2**  
**Required Documents**

- Valid Driver's License/ID for all adults on the application
- 3 most recent pay stubs
- SNAP Statement

**OPTION 3**  
**Required Documents**

- Valid Driver's License/ID for all adults on the application
- Non filing letter (from the IRS)
- Social Security Statement, Child Support Order, or Link Card Statement

Applicant Name: \_\_\_\_\_ Applicant's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently employed? (Yes or No) Where: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Is your spouse currently employed? (Yes or No) Where?: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

What is your gross income? (Found on 1040): \$ \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Please list ALL sources of income for you or your dependents, including family and significant others.

	<u>Gross Wages, Salaries, Tips</u>	<u>Unemployment</u>	<u>Social Security/Disability</u>	<u>Pension</u>	<u>Child Support</u>	<u>SNAP</u>	<u>Other</u>
<b>Adult 1</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Adult 2</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

### Please check those that apply to you:

**Marital Status**  Single  Married  Divorced  Separated  Widowed

**Membership Type**  Adult  Adult + Adult  Adult + Adult + Adult  Adult + Children  Youth/Teen  Senior  Senior + Adult  Adult + Adult + Children

**Application Status**  This is my first time applying for Financial Assistance  I am reapplying for Financial Assistance

**Please list ALL others living in your household, even if they will not be YMCA members.**

1. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
4. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
5. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
6. Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M or F)  
School/Employer: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

**FINANCIAL ASSISTANCE TERMS AND CONDITIONS**

As a recipient of the Bloomington-Normal YMCA Financial Assistance Program, I hereby agree to the following terms and conditions. The signature below represents my understanding and agreement of each of the following:

- Regardless of my participation, I am responsible for paying my monthly dues before the 25th of each month. **INITIAL** \_\_\_\_\_
- I understand that a \$10 join fee must be paid in addition to a prorated monthly fee at the time of my membership activation. **INITIAL** \_\_\_\_\_
- Upgrade options are not available - locker rental, towel rental, and Health Center Locker Rooms. **INITIAL** \_\_\_\_\_
- Piano lessons, personal training, American Red Cross certification classes, private swim lessons, and Hoops Academy will not be available at a discounted rate. **INITIAL** \_\_\_\_\_
- Members with outstanding balances will not be allowed to participate in programs or membership until the balance is paid in full. **INITIAL** \_\_\_\_\_
- I will notify the YMCA of any change of address during the course of my membership. **INITIAL** \_\_\_\_\_
- I will notify the YMCA of any change in income during the course of my membership. **INITIAL** \_\_\_\_\_
- If I need to add additional members of the household onto my membership, I will reapply. **INITIAL** \_\_\_\_\_
- The YMCA reserves the right to review application at any time during the 18-month approval term. Should I be randomly selected, I will complete a new application. **INITIAL** \_\_\_\_\_
- The current approval rate is good for 18 months. After 18 months, my account will terminate. **INITIAL** \_\_\_\_\_
- If payment is not received by the 25th of the month, the account will be terminated. To reactivate the account, a \$10 service fee will be added to the existing account balance. The amount due at the time of reactivation is the previous month's balance, the \$10 service fee, and the current month of membership. **INITIAL** \_\_\_\_\_

**Applicant Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Staff Initial:** \_\_\_\_\_

**Billing Options (please check)**

**Billing Option 1 – Invoice**

Monthly membership dues must be paid in person, over the phone, or online, prior to the 25<sup>th</sup> of each month. If I miss my payment, my account will be deactivated, and a \$10 Late Payment Fee will be owed in addition to any remaining balance at the time of reactivation.

**Billing Option 2 – Credit Card/Bank Account Draft**

Monthly membership dues will be drafted monthly on the first of the month from a credit card or bank account of my choosing. If my credit card or bank account is declined, my account will be deactivated, and I will owe my monthly membership dues in addition to a \$25 Returned Payment Fee.