MEMBERSHIP FOR ALL
Membership and Program Assistance Application

THE ESSENCE OF THE Y
With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Legacy YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME
The YMCA welcomes all who wish to participate and believes no one should be denied access to the Y based on an inability to pay. Through our Annual Sustaining Campaign, the Legacy Y provides assistance to youth, adults, families and seniors based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY
Determining your level of support is handled in a fair and consistent manner. Every Legacy Y 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.

PLEASE NOTE
- Support from our Annual Sustaining Campaign reduces membership and program fees; it does not eliminate them.
- All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- All family members who want to be considered must be included on the income tax return provided.
- $5.00 processing fee will be applied upon approval.
- The joining fee can be waived for each recipient.
- Pro-rated amount for monthly fee must be paid.
- Financial assistance only applies to membership fees, childcare, and group swimming lessons.
- This application does not register the participant, nor does it reserve space in a YMCA program.

Support is granted after a review of all documentation. The Legacy YMCA reserves the right to request additional information when necessary.
MEMBERSHIP & PROGRAM SUPPORT APPLICATION

1 APPLICANT INFORMATION

Name__________________________________________
Email__________________________________________
Mailing Address________________________________
City___________________________________________
State___________________________________________
Zip___________________________________________
Home Phone_(______)____________________________
Cell Phone__(______)_____________________________
If an applicant is under 18: Parent, or legal guardian’s name
________________________________________________________________________

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult__________________ DOB_______
Child_______________________________ DOB____________
Child_______________________________ DOB____________
Child_______________________________ DOB____________
Child_______________________________ DOB____________
Child_______________________________ DOB____________
Other dependent(s)________________________ DOB____________

3 I AM APPLYING FOR

Mark the category you are applying for

_____ STUDENT
_____ ADULT
_____ MARRIED
_____ ADULT W/DEPENDENT CHILDREN
_____ SENIOR ADULT
_____ SENIOR MARRIED
_____ AFTER SCHOOL / SUMMER CAMP
_____ SPECIALTY CAMP
_____ SWIMMING LESSONS

Who has custody of the child(ren)?

_____ Joint  _____ Mom  _____ Dad
_____ Foster  _____ Guardian

Parent/Guardian #1

____ At Home  ____ Working  ____ In School

Parent/Guardian #2

____ At Home  ____ Working  ____ In School

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES
FOR LAST YEAR

_____ 1040 Federal Tax Form(s) for all incomes in household

_____ I am an individual filing jointly; I am providing ONE 1040 form

_____ We file more than ONE tax form in our household, we are providing
_____ 1040 forms.

$__________________________________________________________
TOTAL ANNUAL ADJUSTED HOUSEHOLD INCOME

OR

I DID NOT FILE TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME
HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

_____ Documents showing most recent 30 days of income (include pay stubs or
documentation of government assistance)

$________________________ x 12 =
30 DAYS OF INCOME       MONTHS

$_______________________________________________
TOTAL ANNUAL HOUSEHOLD INCOME

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 subsidy assistance is based on need. In the event
that I, or my children must cancel our participation, I will contact the Legacy YMCA
immediately so assistance can be provided to others. I understand that if I falsify
any of the above information, I will not be eligible for assistance now and/or in the
future.

_______________________________
Signature of person completing this form                                     Date

Bring all applicable financial documents to the Legacy YMCA for verification.

FOR MEMBERSHIP STAFF USE

Date Request Received ________________

Annual Adjust Gross Income Verified _______ (staff initials)
Dependents Verified _______ (staff initials)
____% Approved  _____ Denied  ____ Updated in Daxko  ____ Applicant Contacted
CEO Signature ____________________________________________
Expiration Date______________________________________________

Additional Notes ____________________________________________________________________________________________________