



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE APPLICATION

Information must be complete and ALL documents attached before request can be processed. Must be renewed annually. Discount for childcare may be 25 or 40%, discount for membership may be 25 or 50% based on income guidelines and program requested.

First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ Primary Phone: _____

Employer: _____

- Membership** **Early Learning**
 Youth Sports **Youth Development**

Please list the specific membership/program you are registering for: _____

1. HOUSEHOLD

Please list EVERYONE residing in your household, even if they are not part of your membership. Note: Only dependents—biological children or children legally adopted and claimed on federal taxes. Children 19 years & older are considered dependents only if they are full-time students AND were claimed on your last federal income taxes.

Name of others living in household	Date of Birth	Relationship	School / Employer

2. INCOME

Proof of all sources of income for the entire household is required for this application to be processed.

TOTAL MONTHLY INCOME (for all adults in household)	1st ADULT	2nd ADULT	3rd ADULT
Gross Wages (before taxes)	\$	\$	\$
Unemployment	\$	\$	\$
Food Assistance	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Social Security FIP / SSI	\$	\$	\$
Other (please explain):	\$	\$	\$
SUB TOTAL	\$	\$	\$
TOTAL INCOME (all sources)	\$		
INCOME TAX GROSS INCOME (form 1040, line 15)	\$		

3. PROOF OF INCOME REQUIRED

For the income listed and claimed on Side A, attach all applicable documents:

- Most recent Federal Tax Return or Verification of Non Filing.
- One month of the most recent pay stubs from all employers for all individuals 18 and older in Household.

OR

- Verification from Iowa, Nebraska, or South Dakota Workforce Development if not working.
- Statements/Letters stating that ALL other assistance received: food assistance, unemployment, Social Security, child support, alimony, FIP, etc. (not optional if applicable)

4. FAILURE TO MEET REQUIREMENTS — SUSPENSION OF ASSISTANCE

Failure to meet any of the above requirements within the specified time will result in the automatic suspension of membership assistance and the member will be charged the full rate of their membership type or program tuition the next billing period immediately following the missed requirement. If the requirements are met during that month, membership assistance will automatically be reinstated the next billing period. Continuing violations of any of the requirements may result in ineligibility for membership assistance.

5. RENEWAL

Financial Assistance is renewed annually and members receiving Financial Assistance are required to provide documentation to demonstrate their continued eligibility each Registration. Failure to meet the renewal deadline will result in the automatic suspension of Childcare Assistance until such time as all documentation is provided and approved.

By signing below, I certify that I have provided all required information and that, to the best of my knowledge, all information submitted is true and accurate. I authorize the Norm Waitt Sr. YMCA to utilize the information provided as necessary. I acknowledge that knowingly providing false information will result in the immediate termination of my Financial Assistance.

I understand that Financial Assistance is granted for a period of one year and must be renewed annually. I also acknowledge that I must continue to meet the Financial Assistance requirements outlined above. Failure to meet these requirements will result in my membership/program rate reverting to the standard full membership rate applicable to my membership type.

Applicant Initial

Staff Initial

Applicant Signature

Current Date

For questions or Email submission of documents: membership@nwsymca.org

FOR OFFICE USE ONLY

Approved (circle one):
25% 40% 50%

Registered AND Discount Applied:
