



# MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

The Grand Traverse Bay YMCA is a non-profit organization serving the needs of our community. Our mission is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all. In order to extend participation to more of the community, we provide assistance to those in financial need.

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Grand Traverse Bay YMCA. An interview may be required for approval of this financial assistance application. Please allow at least two weeks for application to be processed. Balance of the allocation must be paid in full or on our payment plan through the monthly bank draft program. The financial assistance will be applied to the Joiner Fee for the monthly bank draft payment plan. Exceptions are made only by the Membership Director.

**You must attach the following required paperwork:**

- Cover letter to explain your need and reasons applying for financial assistance
- Copy of last year's IRS Tax Statement or SSI Allocation Form
- Two most recent paystubs from each adult on membership
- Social Security Award Letter
- Unemployment Compensation
- Child Support Verification
- FIA Title XX benefits denial letter **(Child Care financial assistance only)**

Return completed form with attached paperwork to:

Grand Traverse Bay YMCA  
3700 E. Silver Lake Rd.  
Traverse City, MI 49684

I hereby sign understanding the below information and attached documents are correct and honest to the best of my ability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Member					
Legal First Name	MI	Legal Last Name	Birthdate	Gender	
			/ /		
Residence					
Street	City		State	Zip Code	
Contact Information			Emergency Contact		
Home Phone ( )	Cell Phone ( )	Work or Other ( )	Name:		
			Phone:		
Email			Relation:		
Membership					
Youth: ____	Adult: ____	Adult Couple: ____	Family: ____	Senior: ____	Senior Couple: ____
Full: ____	Full: ____	Full: ____	Full: ____	Full: ____	Full: ____
Boardman: ____	Boardman: ____	Boardman: ____	Boardman: ____	Boardman: ____	Boardman: ____
Family		Relation		Birthdate	Gender
Name (Last if Different)				/ /	
1.				/ /	
2.				/ /	
3.				/ /	
4.				/ /	
5.				/ /	

### MONTHLY INCOME

- Gross Monthly Wages (Before Taxes) \$ \_\_\_\_\_
- Spouse's Monthly Wages (Before Taxes) \$ \_\_\_\_\_
- Business Income/ Capital Gain \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Aid for Dependent Children \$ \_\_\_\_\_
- Social Security \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- DSS/ Public Assistance \$ \_\_\_\_\_
- Disability Insurance \$ \_\_\_\_\_
- Pension/ Retirement Funds/ Annuities \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_

### MONTHLY EXPENSES

- Mortgage/ Rent \$ \_\_\_\_\_
- Fuel \$ \_\_\_\_\_
- Car/ Insurance \$ \_\_\_\_\_
- Groceries \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Phone/ Cellular \$ \_\_\_\_\_
- Child Support/ Alimony \$ \_\_\_\_\_
- Medical Bills \$ \_\_\_\_\_
- Cable/Internet/TV \$ \_\_\_\_\_
- Student Loan/ Tuition \$ \_\_\_\_\_
- Child Care \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_

#### FOR OFFICE USE:

Approved  YES  NO

YMCA \_\_\_\_\_%

Join Today for: Joiner Fee \$ \_\_\_\_\_ \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_ Monthly

Contacted by: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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

\*Children can be on a family membership up to age 18, and up to 22 if they are a full-time student. The Grand Traverse Bay YMCA reserves the right to request additional information upon its discretion.

#### \*UPON APPROVAL AND JOINING; Initial the below

\_\_\_ I understand that my Financial Assistance is granted for one year. Upon the expiration, it is my responsibility to reapply for the assistance with updated and current information.

\_\_\_ I understand that if my Financial Assistance is revoked or expires, that my monthly membership dues will return to the full amount, until I reapply and am notified of renewal.

\_\_\_ I understand that expiration or revocation of assistance does not terminate my membership.

\_\_\_ I understand I will be contacted via phone or email upon approval of my application. I understand that I have seven days from the notification date to redeem that offer.

\_\_\_ I understand that if my application is incomplete, I have seven days from notification date to complete that application. After seven days my application will be discarded.

\_\_\_ I understand that assistance is granted on the basis of financial need. We consider total household income and number of legal dependents are primary criteria. Financial assistance is based on a sliding scale.