



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

Membership & Program Support Application

Union County Family YMCA

## THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, Union County Family 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 that no one should be denied access to the Y based on their ability to pay. Through our **Annual Campaign Fund**, Union County Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Y in a fair and consistent manner. Every YMCA 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 Campaign Fund 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.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

Support is granted following an interview with a staff member and a review of all documentation. The Y reserves the right to request additional information when necessary.

Please contact us if you have any questions.

[unioncountyyymca.org](http://unioncountyyymca.org)



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### UNION COUNTY FAMILY YMCA

### 1 APPLICANT INFORMATION

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

If an applicant is under 18: Parent's or legal guardian's name \_\_\_\_\_

### 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark ✓ for each family member applying for assistance.

<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Parent/Guardian/Adult	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Other dependent(s)	Age(s) _____

### 3 I AM APPLYING FOR

✓ Check the category for which you are applying

- FAMILY
- SENIOR FAMILY
- SENIOR ADULT
- ADULT
- YOUNG ADULT
- YOUTH
- CHILD CARE (Not available at all branches)
- CAMP\*     Day     Overnight

\* The YMCA cannot sponsor both day and overnight camp for the same child.

↓ FOR CHILD CARE & CAMP APPLICANTS ONLY ↓

What other Child Care options are available to you? \_\_\_\_\_

Who has custody of the child(ren)?

- Joint     Mom     Dad     Foster  
 Guardian     I do not have custody

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 filed more than ONE tax form in our household; we are providing \_\_\_\_\_ 1040 forms.

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

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

**or** (If you file taxes, you must provide your most recent tax return.)

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

\$ \_\_\_\_\_ x 12 =  
30 DAYS INCOME                      MONTHS

\$ \_\_\_\_\_  
TOTAL ANNUAL HOUSEHOLD INCOME

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Job & Family Services' website: [odjfsbenefits.ohio.gov](http://odjfsbenefits.ohio.gov)

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 YMCA immediately so sponsorship 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.

### 5

Signature of person completing this form \_\_\_\_\_

Date \_\_\_\_\_

Bring all applicable financial documents, including a written statement of any additional circumstances, to the YMCA for verification.

**FOR MEMBERSHIP STAFF USE** Date \_\_\_\_\_

You met with enrollment specialists: \_\_\_\_\_ and \_\_\_\_\_

You have been pre-approved for a **monthly rate** of \$ \_\_\_\_\_ with an **enrollment fee** of \$ \_\_\_\_\_ with a **program subsidy** of \_\_\_\_\_ %

This pre-approval is valid for 30 days and subject to verification.