



MEMBERSHIP FOR ALL

Membership & Program Support Application

Union County Family YMCA

1. APPLICATION INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____

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

Parent/Guardian/Adult DOB _____

Parent/Guardian/Adult DOB _____

Child DOB _____

Child DOB _____

Child DOB _____

Child DOB _____

Child DOB _____

Child DOB _____

3. I AM APPLYING FOR

✓ Check the Category for which you are applying

YOUTH (ages 9-17)

YOUNG ADULT (18- 24)

ADULT (25+)

COUPLES

ONE ADULT + KIDS

TWO ADULTS + KIDS

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

OR

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

↓ ↓ **SINCE I FILED TAXES FOR LAST YEAR** ↓ ↓

(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

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 statement. 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 falsify any of the above information I will not be eligible for assistance now and /or in the future.

5. _____ Date _____

Signature of person completing this form

Bring all applicable financial documentation to your YMCA Branch for verification.

FOR MEMBERSHIP STAFF USE ONLY Date _____

You met with Front desk staff : _____ 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 is subject to verification.