



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEMBERSHIP FINANCIAL ASSISTANCE

EVERYONE IS WELCOME

The Miami County 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. The Financial Assistance Program is a sliding fee scale that is designed to provide services to those who desire to participate and understands the benefits of the YMCA, regardless of their ability to pay the established fees. Those not able to pay the full fee may be awarded assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

MIAMI COUNTY YMCA

Piqua Branch

223 W. High St.
Piqua, Ohio 45356
P: 937-773-9622

Robinson Branch

3060 S. County Rd. 25-A
Troy, Ohio 45373
P: 937-440-9622

www.miamicountyymca.net

YMCA MISSION: To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all.

AM I ELIGIBLE?

1. Applicant must reside or work in the Miami County YMCA service area.
2. Assistance is granted based on financial need such as income level, medical expenses, etc.
3. The Financial Assistance program reduces fees, it does not eliminate them. Applicants will be asked to pay a portion of the membership fees.
4. Assistance is granted for up to one year. The YMCA requests that you reapply annually, with updated documentation. Membership fees are subject to change when you reapply.
5. To be considered for assistance, verification of all household income must accompany this application.

FINANCIAL ASSISTANCE FUNDS

Financial assistance funds are available due to the generosity of Friends of the YMCA through their contributions to our Membership Sustaining Program.



MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

1. APPLICANT INFORMATION

Name _____

Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

If applicant is under age of 18: Parent/Legal Guardian's name: _____

2. ALL PERSONS LIVING IN HOUSEHOLD

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

☐ Adult _____ DOB _____

☐ Adult _____ DOB _____

☐ Child _____ DOB _____

☐ Child _____ DOB _____

☐ Child _____ DOB _____

☐ Child _____ DOB _____

☐ Child _____ DOB _____

☐ Child _____ DOB _____

☐ Other Dependent(s) _____ DOB(s) _____

3. I AM APPLYING FOR: NEW RENEW

<input checked="" type="checkbox"/>	Check membership category you are applying for
<input type="checkbox"/>	YOUTH
<input type="checkbox"/>	ADULT (age 18+)/SENIOR ADULT (age 60+)
<input type="checkbox"/>	COUPLE/HOUSEHOLD/SENIOR COUPLE - 2 Adults
<input type="checkbox"/>	SINGLE PARENT FAMILY - one adult + legal dependents
<input type="checkbox"/>	FAMILY/HOUSEHOLD - two adults + legal dependents

5. TO QUALIFY, PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO VERIFY HOUSEHOLD INCOME:

☐ IRS 1040:

- ☐ I have included 1040 form.
☐ I have not included my 1040 form.

Reason: _____

If you did not file an IRS Tax Return, please include an IRS Form 4506-T (Request for transcript of Tax Return). Available upon request at the courtesy desk.

☐ EMPLOYMENT INCOME: (one month of paystubs or a letter from employer including rate of pay and number of hours worked. Assistance is based on income before deductions)

Adult _____ \$ _____ per month

Adult _____ \$ _____ per month

Other _____ \$ _____ per month

☐ OTHER FORMS OF INCOME: (verification of each must be attached)

SSI/Disability \$ _____ per month

ADC \$ _____ per month

Food Stamps \$ _____ per month

Unemployment \$ _____ per month

Child Support/Alimony \$ _____ per month

Veteran's Benefits/Retirement/Pension \$ _____ per month

Other _____ \$ _____ per month

TOTAL GROSS HOUSEHOLD INCOME: \$ _____ per month

4. TELL US MORE... Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, please attach an additional piece of paper.

I certify that the above is accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the Miami County YMCA, in writing, of any change in information supplied in this application such as income, address, living arrangements, or other matters that affect my eligibility for assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of scholarship privileges.

Signature of applicant or Parent/Guardian if applicant is a minor _____

Date _____

Financial Assistance Receipt

Name _____

Applicant: Please fill out the following: **Applications with no verification will be returned**

Please answer the following questions:

1. How many adults live in my household _____
2. I am employed. Please circle Yes or No
3. How many adults in my household are employed _____

****If no one in your household is employed, please explain below how you are living.**

I have turned in the following verification for my financial assistance application. Please Check

_____ 1040 or transcript of non-filing – **You must turn in either a 1040 or a Transcript of non filing or your application will be returned.**

_____ income employment verification – one month of pay stubs or a letter stating your income from your employer. This is from every member in the household that is working.

_____ other forms of income

_____ SSI	_____ food stamps	_____ veteran/retirement/pension
_____ ADC	_____ unemployment	_____ child support/alimony
_____ other		

_____ I completely filled out box #5 (This means that if you are receiving income, You have filled out box #5 and turned in the correct verification.)

Do not leave box 5 blank. Fill in the amounts you are receiving or your form will be returned.

_____ I have signed and dated my application