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

UVMC/Premier Health Branch
230 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

✔	Check membership category you are applying for
	YOUTH
	ADULT (age 18+)/SENIOR ADULT (age 60+)
	COUPLE/HOUSEHOLD/SENIOR COUPLE - 2 Adults
	SINGLE PARENT FAMILY - one adult + legal dependents
	FAMILY/HOUSEHOLD - two adults + legal dependents

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.

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 and 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

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

OFFICE USE ONLY

Branch Name: _____

Date Received: _____

All Documents Attached: Yes / No Staff Initials: _____