

YMCA of Cass and Clay Counties

Open Door Income Based Renewal

Confidential

Our Mission: The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Our Service to the Community: The YMCA of Cass and Clay Counties offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, our YMCA provides an Open Door to all in the community through the financial assistance program. The United Way also grants funds to the YMCA each year to assist individuals and families with membership, childcare, YMCA programs, and camp using a sliding scale. All participants at the YMCA are required to contribute to the cost of their YMCA membership; as a result, members develop a sense of caring, belonging, and ownership. Individual and Family financial awards are granted to the extent of resources available.

Income Verification Guidelines

Financial assistance applicants must provide the following financial verification:

1. Most recent income tax return (*Not W-2 Forms*)*
2. Last two paycheck stubs

Applications that do not include the required financial verification will not be considered for a reduced fee YMCA membership.

*Applicants who do not have their federal tax return may go to the IRS office at the Federal Building in downtown Fargo to receive a free statement that verifies they have filed their return as required by law.

EXCEPTIONS/ADDITIONS TO THE ABOVE ARE AS FOLLOWS:

1. **Individuals on Government Assistance:** Please submit Notice of Decision (with names of all eligible family members) and total income including food stamps.
2. **Individuals on Social Security Disability:** Please submit Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This needs to be accompanied by verification of any other government assistance income as applicable.
3. **Unemployment:** Notification of eligible benefits from unemployment office. Federal tax return will still be needed as unemployment is a taxable income.
4. **Full-Time College Students:** Letter from registrar's office indicating current full-time student status. A school schedule is **NOT** adequate documentation.
5. **Special Circumstances:** Please see a membership coordinator if your income falls under different criteria than those stated.

HOW TO APPLY

1. Completely fill out the **YMCA Financial Assistance Renewal Form**.
 2. Turn in application and **provide complete financial verification** as explained above to a YMCA membership coordinator.
 3. Your application will not be accepted unless required verification is submitted in its entirety.
 4. Applicants will be contacted by YMCA staff with their awarded amounts of financial assistance.
 5. Applications will be kept on file for only 60 days. After this time, any applicants that have not yet started their membership will need to reapply.
 6. Financial assistance must be renewed when current awards expire. A change in income or situation may result in an adjustment to your financial aid award.
 7. Please note that unless other arrangements are agreed upon, all members receiving financial assistance must utilize the YMCA six or more times per month to remain eligible for assistance.
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YMCA of Cass and Clay Counties

Open Doors Income Based Membership Renewal Form Confidential

Primary Member Information

Primary Member Name _____

Date of Birth _____

Gender _____

Address _____

Home Phone Number _____

City _____ State _____ ZIP Code _____

Cell/Alternate Phone Number _____

Employer/School _____ City _____ State _____

E-mail Address _____

Family Members

Spouse / 2nd Adult

First Name _____ Last Name _____ Date of Birth _____ Gender _____

Employer/School _____ City _____ State _____

Children / Dependents

First Name _____ Last Name _____ Date of Birth _____ Gender _____

Gross Monthly Income *Please see reverse for additional information.*

Primary Member Month Earnings: \$ _____

Spouse/2nd Adult Monthly Earnings: \$ _____

Alimony/Dependent Support \$ _____

Supplemental Income/Gov't Assistance \$ _____

Other Income \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

In completing this application and signing it, I certify that all the information supplied to the YMCA is true, accurate and complete to the best of my knowledge. I also understand that six visits per month are required to remain eligible for assistance.

Primary Member Signature _____ Date _____

Have you or anyone on this application ever been on a registered sex offender list?
 Yes No

Do you have health insurance? Yes, Self
 Yes, Family No

Provider: _____

Special Circumstances you would like us to consider (may include medical expenses, child support payments, etc.):

Why are you interested in having a YMCA membership?

- Improve health
- Safe place for my children
- Spend time with family
- Feel part of the community
- Meet new people
- Other: _____

FOR YMCA USE ONLY

FA Awarded: _____

Expiration Date: _____

Notes: _____
