



STAFF ONLY
 Verify Annual Income \$ _____
 This FA Application was approved by _____
 Staff Initials _____
 2nd Staff Verification: _____

Mankato Family YMCA Financial Assistance Application

Date _____

PERSONAL INFORMATION

Head of Household:
 Full Name _____
First, Middle Initial, Last
 Permanent Address _____
 City, State _____ Zip _____
 Home Phone _____
 Birthdate _____ Annual Income _____
 (Attach copy of IRS Tax Return or SSI statement)

Spouse (or other household income contributor):
If applicable
 Full Name _____
First, Middle Initial, Last
 Permanent Address _____
 City, State _____ Zip _____
 Home Phone _____
 Birthdate _____ Annual Income _____
 (Attach copy of IRS Tax Return or SSI statement)

Applicants **must provide their most recent income tax return** (or a transcript thereof) showing their adjusted gross income. Depending on which form used to file taxes, the adjusted gross income can be found on Line 37 of form 1040, Line 21 of form 1040A, or on line 4 of 1040EZ. If needed, the applicant(s) can call the IRS at (800)829-1040 to obtain a free transcript of their most recent income tax return. If the applicant(s) was not required to file taxes, they must provide a statement of government benefit payments (SSI, disability, etc.) This can be obtained by calling the Social Security Office at (800)772-1213 or TTY (800)325-0778.

Child(rens)'s Full Name (Age 18 & under)	Age	School	Birthdate	Gender

Application for financial assistance is for:

- Family Membership Adult Membership Youth Membership

Have you ever applied for assistance at the Mankato Family YMCA before?

- Yes No

Your present household income level is?

- \$0-\$12,999 \$25,000-\$32,999
 \$13,000-\$18,999 \$33,000-\$37,999
 \$19,000-\$24,999 \$38,000-\$49,999

Are you employed? Other Adults in Household employed? Are any of your children employed?

- Yes No Yes No Yes No

Are you receiving any of the following?

- | | | | |
|-------------------------------|--|--------------------------------|--|
| Food Stamps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spousal Support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Retirement or Pension Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | Veterans Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | Spousal Support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Retirement or Pension Benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

What is the amount that you feel is your "fair share" to pay each month for a YMCA membership?

\$ _____

Desired Payment Schedule

Monthly Electronic Funds Transfer Quarterly Cash, Check or Credit Payment Full Pay

All Members who default on monthly or quarterly payments will have their membership terminated immediately. Payments must be made on or before the due date for the quarterly payment plan. Updates to EFT information, such as a new bank account number or new credit card information, must be provided 2 weeks in advance of the scheduled draft date. Members in default, must pay all back fees or will be ineligible to restart a membership.

Without the support of donors, this financial assistance would not be possible. One of the most valuable ways we keep donors committed is in sharing the "stories" of those that receive financial assistance. To that end, we ask that you answer the following question describing what the Y means to you or your family and how you feel the YMCA and its services has or will help you or your family members.

What benefits do you see in receiving financial assistance to join the YMCA? (Include financial, medical, or relevant information to your situation).

Please itemize your **current monthly household** income: This amount may be different than last year.

Wages, salaries and tips: \$ _____
Unemployment Compensation: \$ _____
Social Security Compensation: \$ _____
Child Support: \$ _____
Aid to Dependent Children: \$ _____
Food Stamps: \$ _____
Alimony: \$ _____
Other: \$ _____
HOUSEHOLD MONTHLY INCOME: \$ _____

Reminder: You must provide a copy of your previous year's tax return showing your adjusted gross income or a social security benefits verification letter with your application.

No application will be reviewed without accompanying verification of all household income.

The information I have provided on this form is true, accurate and complete. I agree to provide additional documentation to verify financial need if necessary. I understand that my commitment to the Mankato Family YMCA is for one full year.

I understand that failure to comply with Mankato Family YMCA policies can result in immediate revocation of financial assistance privileges.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY Date _____ Membership Type _____

Monthly Rate \$ _____ Member Share \$ _____ YMCA Share \$ _____