



# Mankato Family YMCA Financial Assistance

## MEMBERSHIP FOR ALL

The Mankato Family YMCA is a not for profit, charitable association of members who carries out our mission through the commitment to accept and demonstrate positive values.

The Mankato Family YMCA makes every effort to provide access to our facility for all who wish to participate. Our financial assistance program is generously supported in part through individual and corporate contributions to our annual **Strong Community Campaign & the Mankato Area United Way**. Financial assistance is given to those in need within our available resources.



The Mankato Family YMCA membership fees are determined through a cost analysis of all elements related to conducting programs and services. Although the YMCA is a not for profit agency, we depend on membership fees to pay for the costs incurred in operating and maintaining a large community service organization. We understand that the monthly fee may be too much for some families and individuals to afford, but we expect applicants to pay a "fair share" based on financial ability. A sliding scale is used to assist in the financial assistance determination - scale is based upon the poverty standard set by the federal government.

This application enables us to fairly and consistently provide aid to those who truly need our support and enables us to report accurate statistics to the community, our donors and to the United Way on how our funds are being utilized.

**Financial assistance applications must be completed and returned to the Mankato Family YMCA with the following:**

- Financial Assistance application.
- Proof of income for all household adult members applying.
  - Pay stubs and W-2s are not an acceptable form of proof of income.
  - See next page for required documents.
- Size of family and relation to applicant.
- What amount you feel you can pay.
- Personal interview, if needed.

**This application must be completed entirely and will not be processed without proper documentation.**

*Approval process may take up to 10 business days from date received. If you need more information or have questions, please contact Ashley Dahlman 507-387-8255 or [adahman@mankatoymca.org](mailto:adahman@mankatoymca.org).*





# Mankato Family YMCA Financial Assistance

Applications will not be reviewed without proper documentation. Every section is required.

For a faster approval process, please provide your email \_\_\_\_\_

**Applicants must provide their most recent income tax return showing household gross income along with filing status and household dependents [1040].**

- If an applicant is not required to file taxes; provide a statement of government benefit payments such as RSDI, SSA, SSI, etc.
- W2s, paystubs, food support benefits, personal story, etc. may be provided as supporting documents to the above.

## Personal Information

### 1. Head of Household

Annual Income \$ \_\_\_\_\_  
*(attach copy of Tax Return or Gov. Statement)*

Full Name \_\_\_\_\_  
 First M.I. Last

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ M / F

### 2. Household Contributor: Must live in same household

Annual Income \$ \_\_\_\_\_  
*(attach copy of Tax Return or Gov. Statement)*

Full Name \_\_\_\_\_  
 First M.I. Last

Birthdate \_\_\_\_\_ M / F

Phone \_\_\_\_\_

Household Dependents Full Name [ ages 23 & younger ]	Relation to Primary	Birthdate	Age	Gender
				M / F
				M / F
				M / F
				M / F
				M / F
				M / F
				M / F

## 1. Please circle desired membership type.

Family      Adult (18+)      Senior Adult (62+)      Senior Couple (62+)      Youth (high school & younger)

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

Yes / No

## 3. Please circle your household income level.

\$0 - 12,999      \$13,000 - 18,999      \$19,000 - \$24,999      \$25,000 - 32,999  
 \$33,000 - 37,999      \$38,000 - 49,000      Other - please indicate: \$ \_\_\_\_\_

## 4. Are you employed?      5. Are other household adults employed?

Yes / No      Yes / No

## 6. Are you (household) receiving any of the following? Please circle all that apply.

Food Stamps	Yes / No	Retirement or Pension	Yes / No
Unemployment Benefits	Yes / No	Veterans Benefits	Yes / No
Social Security Benefits	Yes / No	County or State Assistance	Yes / No
Child Support	Yes / No	Medical Assistance	Yes / No
Spousal Support	Yes / No	Housing Assistance	Yes / No

**7. What is a monthly amount you can pay as your "fair share" for a YMCA membership?**

Monthly dollar amount \$ \_\_\_\_\_

**8. Please circle your preferred payment type.**

Monthly Auto Draft (ACH or credit)

Quarterly Payment (cash, check or credit)

Annual Pay

- All members who default on monthly payments will have their membership terminated immediately.
- Updates for the Auto Draft, such as new bank account or credit card information, must be provided 2 weeks in advance to the scheduled draft date.
- Quarterly payments must be made by the applicant on or before the due date.
- Memberships are to be continuous; any lapse in membership will result in back payments.

**9. Please provide information pertaining to your requested need for membership assistance. Include financial, medical and/or other relevant information for your circumstances.**

Additional information may be attached and turned in with the application for further consideration.

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**10. 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 / Alimony : (Circle one - Receive / Pay Out)	\$
Aid to Dependent Children : (Circle one - Receive / Pay Out)	\$
Food Stamps	\$
Housing and Utility Assistance	\$
Other : _____ (Circle one - Receive / Pay Out)	\$
<b>Total</b>	<b>\$</b>

**Applicant Agreement**

- I understand I must provide a copy of my previous year's tax return showing my adjusted gross income or a social security benefits verification letter with my application. I understand no applications will be reviewed without accompanying verification of all household income. ALL adults on this application must acknowledge their contribution to 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.
- The YMCA reserves the right to deny access or refuse service to any person convicted of any offense related to violent crime, the sale, possession, and/or transportation of illegal substances. This also applies to if you are under the influence of illegal drugs or chemicals, narcotics or intoxicating beverages while on the premises.
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to stop application process, cancel membership, end program, and remove visitation access.
- I understand that failure to comply with Mankato Family YMCA policies can result in immediate revocation of financial assistance privileges.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>OFFICE USE ONLY</b>		<b>Staff Approving:</b>
Date:	Membership Type:	
Monthly Rate :	Member Share:	YMCA Share: