TRI-CITIES FAMILY YMCA
COMMUNITY PRICING APPLICATION FORM

The TCFYMCA offers membership and program participation for all. Anyone who is not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated inability to pay. (The discount is assigned on a sliding scale reduction of 10% - 60%.) Applying for financial assistance is confidential. Applicants must reside or work within the Tri-Cities area. Make sure that you have signed and dated your application.

Call the TCFYMCA with any questions, 616-842-7051.

### APPLICANT INFORMATION

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<tr>
<th>Title (Mr., Mrs., Ms., Dr.)</th>
<th>First Name</th>
<th>Last Name</th>
<th>Birthdate</th>
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☐ Yes, I am a current YMCA member

### ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? ☐ Yes ☐ No

Total number of people in household _________

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### CHECK MEMBERSHIP OR PROGRAM YOU ARE INTERESTED IN

☑ Youth
☒ Senior Adult
☐ Couple (two adults or one adult & one dependent child in living in same household)
☒ Young Adult
☐ Senior Couple
☐ Family (two adults & dependents living in same household)
☒ Pre-School*
☐ Adult
☐ Program Assistance
☐ Program Assistance for Full Day Camps

*Please check with the Preschool Director to see if there are any open spots.
REQUIRED INCOME DOCUMENTATION INFORMATION
- Originals will not be accepted — ONLY COPIES OF DOCUMENTS WILL BE ACCEPTED.
- Documents will be shredded after 30 days.
- For financial security, please black out or white out any social security or bank account numbers prior to submitting documentation.

INCOME DOCUMENTATION
REQUIRED
☐ 1040 Federal Tax Return (Page 1-2 and Schedule C if self-employed)

EMPLOYED – PROVIDE ONE OF THE FOLLOWING
☐ Two consecutive pay stubs for EACH wage earner, showing gross income.
☐ If pay stubs are not available, attach letter of employment specifying gross salary, signed and dated by employer on company letterhead.

I/WE RECEIVE:
☐ Housing Assistance (HAP) ☐ Food Assistance (FAP, SNAP)
☐ Head Start Services ☐ Free School Lunch Program
☐ GSRP Income Qualified (Great Start Readiness Program)

ALL APPLICANTS – PROVIDE ANY OF THE FOLLOWING
☐ Social Security Administration Letter
☐ Unemployment Status
☐ Retirement
☐ Pension
☐ TANF (Temporary Assistance to Needy Families)
☐ Foster Care Subsidiary Letter
☐ Child Support
☐ Alimony
☐ Any other income that pays expenses

ABILITY TO PAY
What is the dollar amount that you are willing to pay or have the ability to pay each month? $ ________/month (amount required)

TELL US MORE
- List and document any special circumstances that contribute to your request for financial assistance. Please use additional sheet if necessary.
- Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

VERIFICATION AND AUTHORIZATION
I hereby verify that the information provided on this application is accurate. This includes, but is not limited to, membership category. Dependents, and documentation of income and expenses for all wage earners.

Signature ___________________________ Date ____________

FOR OFFICE USE ONLY:
Approved discount ______ % Membership Director __________________________ Date ____________

The TRI-CITIES FAMILY YMCA strives to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.