



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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. Make sure that you have signed and dated your application. Call the TCFYMCA with any questions, 616-842-7051.

APPLICANT INFORMATION

Title (Mr., Mrs., Ms., Dr.) _____ First Name _____ Last Name _____ Birthdate _____

Address _____

City, State, Zip _____ County _____

Phone Number _____

Email Address _____

Yes, I am a current YMCA member

ALL PERSONS LIVING IN HOUSEHOLD

Do you share expenses? ____Yes ____No
Total number of people in household _____

	NAME	DOB	M/F
Parent/Adult	_____	_____	_____
Parent/Adult	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____
Dependent	_____	_____	_____

CHECK MEMBERSHIP OR PROGRAM YOU ARE INTERESTED IN

- Youth
- Young Adult
- Pre-School*
- Senior Adult
- Senior Couple
- Adult
- Couple (two adults or one adult & one dependent child in living in same household)
- Family (two adults & dependents living in same household)
- 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.
- 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, documentation of income and expenses for all wage earners.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Approved discount _____% Membership Director _____ Date _____