



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYONE IS WELCOME

The YMCA of Southwest Michigan is available for the benefit and enjoyment of all who live and work in our community. For over 70 years, people have trusted the YMCA to provide quality programs and activities in the community we live in.

The Financial Assistance Program provides families and individuals in need of financial support to participate in membership and program activities.

The YMCA knows that people prefer to accept responsibility and pay full registration fees when they are able to afford them. But when financial difficulties stretch individual and family budgets too thin, the need for YMCA programs remain, and in some instances, may be even more crucially needed.

A Community Partnership

As a non-profit organization, YMCA memberships are subsidized by contributions given by individuals, companies, foundations and the annual support campaign. These generous contributions make the Financial Assistance Program possible. Whereby those who are unable to afford the full membership fee, upon request and approval, may be awarded a scholarship.

Application Drop off Times

Tuesday 9am-3pm

Wednesday 9am-7pm

Thursday 9am-3pm

- Processing can take up to 15 business days.
- We will notify you by mail of your approval status and rate.
- Bring signed letter to membership service desk to activate membership.

BENTON HARBOR ST JOSEPH YMCA

3665 Hollywood Rd St. Joseph, MI 49085

HOW TO APPLY

1. Complete the application thoroughly and accurately.
2. If applicable, attach the following documents. Do not submit originals. (Minimum income required)
 - The most recent federal income tax return (Example: 1040, 1040A, 140EZ) All self-employment requires the Schedule C
 - Last two paycheck stubs or letter from employer indicating hours worked and pay
 - Documentation letter of social security or disability benefits
 - Government Assistance: (DHS) Explanation of Benefits for food or cash assistance Page 1 & 2
 - Copy of Child Support/Alimony
 - Unemployment notification/ letter of eligible benefits
 - Any pension or retirement benefits
 - Include any special circumstances that the Y should be aware of
4. Failure to provide required/requested documentation may delay or void your application.

NILES-BUCHANAN YMCA

905 N. Front St. Niles, MI 49120



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Niles-Buchanan YMCA

STAFF USE ONLY

New Renewal

Member ID # _____

Date Received: _____

Staff Initials: _____

Financial Assistance Application

Primary Adult Applicant Information (PLEASE PRINT)

First Name: _____ MI: _____ Last Name: _____ DOB: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Marital Status: _____

Are you currently employed? Yes No If NO, why? _____

Employer: _____ Length of Employment: _____

2nd Adult Applicant Information (same address-- proof required for non-married couples)

First Name: _____ MI: _____ Last Name: _____ DOB: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Marital Status: _____

Are you currently employed? Yes No If NO, why? _____

Employer: _____ Length of Employment: _____

ADDITIONAL PERSONS LIVING IN THIS HOUSEHOLD

	Name	DOB	M/F
Adult:	_____	_____	_____
Adult :	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____
Dependent:	_____	_____	_____

Membership Type

Please select the type of membership you are applying for:

- Household (2 adults + children)
- Couple (2 individuals)
- Adult
- Young Adult
- Teen
- Youth

BENTON HARBOR ST JOSEPH YMCA
3665 Hollywood Rd St. Joseph, MI 49085
P: 269-428-9622

NILES-BUCHANAN YMCA
905 N. Front St. Niles, MI 49120
P: 269-683-1552

Income Documentation

Required

____ Most recent Federal Tax Return (Form 1040 pages 1 and 2 only; or Schedule C for Self-Employed; W2s)

Total Gross Annual Household Income: \$ _____

Provide one of the following

____ Two consecutive pay stubs for EACH wage earner in the household, showing gross income

____ If no longer employed, attach proof of that you are no longer employed

All Applicants—Provide any of the following (Minimum income required)

____ Social Security Administration Letter ____ Child Support/Alimony Court Order Statement

____ Unemployment Statement

DHS Verification Letter pages 1-2

____ Retirement/Pension Statement

____ Food Stamps (automatic 35% membership discount)

____ Any other income

____ Cash Assistance (automatic 50% membership discount)

Monthly Household Income

	Adult 1	Adult 2	Other/Dependents
Salary:	\$ _____	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____	\$ _____
SSI/Disability:	\$ _____	\$ _____	\$ _____
Pension/Retirement:	\$ _____	\$ _____	\$ _____
Child Support/Alimony:	\$ _____	\$ _____	\$ _____
Food Stamps:	\$ _____	\$ _____	\$ _____
Cash Assistance:	\$ _____	\$ _____	\$ _____
Other:	\$ _____	\$ _____	\$ _____

Please use this space to include any other factors that we should take into consideration in evaluating your request for assistance.

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to notify the YMCA if my financial status should change. I understand that inaccurate and incomplete information may cause termination from the financial assistance program. I understand that if my application is approved, my assistance will be reviewed on an annual or semi-annual basis and adjusted based on my circumstances at that time.

Signature

Date

OFFICE USE ONLY

Approved: Yes No Date Processed: _____

Membership Type: _____ F.A. Reviewer: _____

Monthly Rate: _____ Renewal Due: _____

Additional Notes: