



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP FOR ALL

## EVERYONE IS WELCOME

The B.R. Ryall YMCA is a non-profit organization that is committed to the health and well-being of our community. We believe that no one should be denied access to the Y based on inability to pay. Through our financial assistance program, individuals and families in need can access the Y at reduced or no cost. Assistance is made possible through the generosity of donations made to our annual campaign.

## ABOUT THE FINANCIAL ASSISTANCE PROGRAM

Financial assistance for monthly membership cost is awarded based on household income and any extenuating circumstances. Applicants are required to complete all forms in the financial assistance packet and provide copies of required proof of income documentation outlined on the application. This packet can be picked up at the Welcome Desk.

Applicants are required to pay a portion of the membership fee for which they are requesting assistance. This contribution can be determined by using the eligibility grid and the membership type rate guide on the following page. Financial assistance must be renewed after 12 months. Applicants are required to resubmit updated proof of income documents prior to this date if they want to continue their membership beyond the 12-month period.

## HOW TO APPLY FOR FINANCIAL ASSISTANCE

1. Complete all 3 forms in the financial assistance packet.
  - Application for Financial Assistance
  - Membership waiver (both sides)
  - Membership draft authorization
2. Include copies of verification documents.
  - Photo ID for all household members who are 18 years of age and older
  - Proof of income (column 1)
  - Proof of income (column 2)
3. Return completed packet to the YMCA Welcome Desk.

**"I couldn't be more grateful for the Y and the donors who make family membership accessible through financial assistance. We love the Y!"**  
**-YMCA Member**

Place all completed forms in the envelope provided with copies of requested documents. Please allow up to two weeks for processing your request. Incomplete packets cannot be processed until all information has been provided and verified. Applications are processed in the order in which they are received.

# B.R. Ryall YMCA Financial Assistance Application

The YMCA strives to make membership available to all who will benefit, regardless of inability to pay. Financial assistance is granted on a sliding scale, based on income and need. All information is kept confidential. Support from this fund reduces membership fees; however, it does not eliminate them. You will be expected to pay a portion of the monthly membership dues to demonstrate your desire and commitment to participate.

## APPLICANT INFORMATION

APPLYING FOR ☐ New Membership ☐ Renewal Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

## HOUSEHOLD INFORMATION

First and Last Name	Birthdate (MM/DD/YYYY)	Cell Phone	Email	Gender

## CALCULATE YOUR MONTHLY RATE

Using the Discount Calculator below, circle the discount percentage you are eligible to receive based on your annual income and household size. Then use the Membership box (below right) to circle the membership type and rate for which you are applying.

Discount Calculator							Membership	
Household Size							Membership Types	Monthly
Annual Household Income	1	2	3	4	5	6	<b>Family Plus:</b> Three or more adults and children through age 26 who live in the same house	\$115
\$0 - \$16,643	70%	75%	80%	85%	90%	95%	<b>Family:</b> Two parents/guardians and any children through age 26 residing in the same household; child of any age with disabilities may be included	\$99
\$16,644 - \$22,411	60%	65%	70%	75%	80%	85%	<b>Single Adult Family:</b> A single parent and children through age 26 who live in the same household	\$85
\$22,412 - \$28,180	55%	55%	65%	65%	75%	75%	<b>Two Adult:</b> Two adults between the ages of 18-61 who resides in the same house	\$87
\$28,181 - \$33,948	40%	40%	60%	60%	70%	70%	<b>Adult:</b> Individual age 27+	\$69
\$33,949 - \$39,716	30%	30%	45%	45%	60%	60%	<b>Young Adult:</b> Individual age 18-26	\$54
\$39,717 - \$45,484	25%	25%	30%	30%	45%	45%	<b>Youth:</b> Individual ages 11-17	\$33
\$45,485 - \$51,253	10%	10%	25%	25%	35%	35%	<b>Senior:</b> Individual age 62 or older	\$55
\$51,254 - \$57,022	0%	0%	10%	10%	25%	25%	<b>Senior Couple:</b> Two adults, one of whom is age 62 or older, who live in the same household	\$65

## INCOME VERIFICATION AND DOCUMENTATION

Applicants are required to provide copies. Please mark out all account numbers and social security numbers.

PHOTO ID	VERIFIED	PROOF OF INCOME 1: CHOOSE ONE	VERIFIED	PROOF OF INCOME 2: CHOOSE ONE	VERIFIED
<input type="checkbox"/> Driver's License	<input type="checkbox"/>	<input type="checkbox"/> IRS Form 1040 - page 1 and 2 only (year: ____)	<input type="checkbox"/>	<input type="checkbox"/> Two consecutive pay statements	<input type="checkbox"/>
<input type="checkbox"/> State ID	<input type="checkbox"/>	<input type="checkbox"/> Social Security or Disability award letter	<input type="checkbox"/>	<input type="checkbox"/> Last two bank statements	<input type="checkbox"/>
<input type="checkbox"/> Passport	<input type="checkbox"/>	<input type="checkbox"/> Child support or Alimony judgment	<input type="checkbox"/>	<input type="checkbox"/> Unemployment benefit letter	<input type="checkbox"/>

\*If you have extenuating circumstances that you would like us to know about, please attach a note.