MEMBERSHIP FOR ALL

The essence of the Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Champaign Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

Everyone is welcome

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Support Campaign, Invest In Youth fundraising, Champaign Memorial Foundation, and United Way, the Champaign Family YMCA provides assistance to youth, adults, seniors, and families based on individual needs and circumstances.

Committed to our community

Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership support. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Please note

- Support from our Annual Campaign Fund reduces membership fees; it does not eliminate them.
- All support will be granted for 12 months and can be renewed.
- Membership fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

Support is granted following a review of all documentation. The Y reserves the right to request additional information when necessary. If you'd like to start working out today, contact your Membership Director for a temporary pass while going through the approval process!
# Membership & Program Support Application

## 1. Applicant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
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If an applicant is under 18: Parent’s or legal guardian’s name

## 2. All Persons Living in This Household

Place a check mark **✓** for each family member applying for assistance.

- **Parent/Guardian/Adult**
  - DOB
- **Child**
  - DOB
- **Other dependent(s)**
  - Age(s)

## 3. I Am Applying For

- **✓** Check the category for which you are applying
  - YOUTH (ages 9-17)
  - COLLEGE
  - ONE ADULT
  - ONE ADULT + KIDS
  - TWO ADULTS
  - TWO ADULTS + KIDS
  - SENIOR
  - SENIOR COUPLE

## 4. To Qualify, Provide the Following Documents:

### I Filed Federal Taxes for Last Year

- 1040 Federal Tax Form(s) for all incomes in household
  - I am an individual filing jointly; I am providing ONE 1040 form
  - We filed more than ONE tax form in our household; we are providing ___1040 forms.

### I Did Not File Federal Taxes for Last Year or My Household Income Has Changed Since I Filed Taxes for Last Year

- Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\[ \frac{\text{Total Annual Household Income}}{30 \text{ Days Income Months}} \times 12 = \text{Total Annual Household Income} \]

Find support documents you may need to provide by going to (for any Ohio county) Ohio Dept. of Job & Family Services’ website: [odfsbenefits.ohio.gov](http://odfsbenefits.ohio.gov)

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

## 5. Signature of Person Completing This Form

Signature of person completing this form ______________________________ Date ________________

Bring all applicable financial documents to your YMCA for verification.

## For Membership Staff Use

Date ______________________________

You have been pre-approved for a **monthly rate** of $ _____________ with an **enrollment fee** of $ _____________

This pre-approval is valid for 30 days and subject to verification.