



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Income-based Application

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 YMCA of Greater Spartanburg wants to ensure that every member of the community 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 inability to pay. Through our annual campaign, the Y provides income based rates to youth, adults, and families based on household income and household size.

COMMITTED TO OUR COMMUNITY

Applications are handled by the Y in a fair and consistent manner. Every Y member receives the same membership benefits. 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:

- The income-based rates will reduce membership and program fees; it will not eliminate them.
- Income-based rates are approved for a 12 month period; if you do not reapply, fees will increase to the full rate.
- Membership and program fees are subject to change.
- The Y reserves the right to request additional information when necessary.
- Applications will be processed within 10 business days of submittal.
- Approvals are made based on household size and income. Therefore, all adults living in the household must be included on the application and their proof of income must be submitted.

Please refer to the back page for more information!

For office use only

STAFF INITIALS _____

DATE REC'D _____



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OWNERSHIP AND PRIDE

The Y believes a strong sense of ownership and pride is developed when members/participants contribute to their membership and/or program fees. Therefore, all members/participants pay a portion of the Y's joining fee, membership fees, and/or program fees. Members/participants pay a percentage of the current membership and program fees. If the membership or program rates change, the percentage awarded is applied to the new rates. All applications and approvals are kept confidential, as they are specific to individual circumstances.

To Submit an application, please include the following:

1. Completed Income Based Application (2nd page of this packet). **All information in steps 1-7 must be filled out completely.**
2. Documentation of income for all adults living in the household. If more than one adult resides in the household, documentation must be submitted for all adults regardless of their desire to be on the household membership. Any of the following that applies to you or any adult in the household should be submitted (including government assistance given to a guardian/parent for a dependent)
 - Last year's tax return—only the 1st page of the 1040 that includes your name and annual gross income. If you are not required to file taxes, please present a statement of non-filing, which can be obtained for free by calling 1-800-829-1040. You may also request verification of non-filing statements by visiting <http://www.irs.gov> and clicking on "Order a Tax Return or Account Transcript."
 - 2 consecutive paychecks stubs for each individual currently working in the household
 - Social Security Statement
 - Disability Statement
 - Unemployment statement
 - Documentation of child support
 - Any other income that listed above (government assistance, family assistance, loans, etc)

Incomplete applications will not be processed. We will contact you via phone and/or email to try to get everything needed to complete your application. In the event we cannot get in touch with you or do not hear from you in a timely manner, your incomplete application will be mailed back to you.

Completed applications will be processed in 10 business days. Once processed, we will mail an award letter to the address on the application that describes what type of award you have been granted. Once you receive that award you may start your membership at any time. If you do not receive a letter from us within 12 business days, please feel free to contact the Y about the status of your application.

COMMITTED TO CONTINUITY

The Y requires that income based rates be renewed 1 year from the date the award is given. The members or program participants are responsible for renewing their applications and ensuring the Y has their updated contact information. The Y will notify recipients when their award is about to expire, but the member or participant is ultimately responsible for renewing his/her application on time. Memberships are continuous until written notice is submitted by the member to cancel the membership. Therefore if an application is not renewed before the award expires, the membership will continue at the full membership rate. The Y does not issue refunds for membership dues and it is the member's responsibility to ensure that there are sufficient funds to cover their membership draft payment.

DRIVEN BY DONATIONS

The YMCA of Greater Spartanburg is a non-profit organization committed to helping all people grow in spirit, mind and body. We are here to serve people of all ages, backgrounds, abilities and incomes. This program is financially supported by people in our community who donate money each year to our Annual Campaign. 100% of the money raised is used to fund this program.

Income Based Application (Please completely fill out #1-7)

1 I'M A: **(CIRCLE ONE) NONMEMBER** **MEMBER PAYING FULL RATE** **MEMBER SUBMITTING RENEWAL**

2 APPLICANT INFORMATION

Name _____ DOB: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employer _____ Length of Employment _____

3 ALL OTHERS LIVING IN THE HOUSEHOLD

Adult/Child _____ DOB _____ Relationship _____

Employer/School _____ Length of Employment _____

Adult/Child _____ DOB _____ Relationship _____

Employer/School _____ Length of Employment _____

Adult/Child _____ DOB _____ Relationship _____

Employer/School _____ Length of Employment _____

Child _____ DOB _____ Relationship _____

Child _____ DOB _____ Relationship _____

4 I'M APPLYING FOR

Membership: _____

Program Only _____

5 I'M INTERESTED IN VOLUNTEERING

Yes _____

No _____

6 Income Verification

IF WORKING PLEASE INCLUDE:

- 1040 Federal Tax Form(s) for all incomes in the household
- Two Consecutive Paycheck Stubs for each working individual in the household

Total Monthly Household Income \$ _____

Total Annual Household Income \$ _____

IF NOT WORKING PLEASE INCLUDE:

- Documents showing most recent 30 days of income (Including 1040 Federal Tax Return or IRS Letter of Non-filing, SSI statements, disability statements, child support, food stamps, alimony etc.)

Find support documents you may need to provide by going to dss.sc.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 the subsidy is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and (or) in the future. I understand that if I am approved for a scholarship, my discounted rate will be valid for one-year; I understand that if I do not reapply after one year, my rate will revert to the full price.

7

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

FOR STAFF USE ONLY (UPON ACCEPTANCE)

Date Received _____ Staff Name _____

Please initial to verify the following:

Gave 1st Page Back To Applicant With Date And Signature: _____

All Adults That Live In Household Are Included On Application: _____

All Financial Documents Are Included For All Adults In Household: _____

Copies Made Of All Financial Documents: _____

FOR STAFF USE ONLY (REVIEW AND AWARD)

Date Processed _____ Approved _____ Denied _____

Check When Completed: _____ % Off Membership _____ % Off Programs _____

Entered In Access _____

Entered In Daxko (If applicable) _____

Letter Mailed _____

Financial Documents Shredded _____

NOTES:

