



**Strong Kids Membership
Financial Assistance Application
Kishwaukee Family YMCA
-CONFIDENTIAL-**

PLEASE PRINT

Name _____ Birthdate ____/____/____ Gender: M F
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email address _____

Please list dependents if applying for a family membership

Spouse _____ Birthdate ____/____/____ Gender: M F
 Child _____ Birthdate ____/____/____ Gender: M F
 Child _____ Birthdate ____/____/____ Gender: M F
 Child _____ Birthdate ____/____/____ Gender: M F
 Child _____ Birthdate ____/____/____ Gender: M F
 Child _____ Birthdate ____/____/____ Gender: M F

Circle Membership Type you are applying for: Youth Adult Family

FINANCIAL INFORMATION

Monthly Household Income (please attach copies of listed income) Monthly Household Expenses

\$ _____ monthly gross paycheck	\$ _____ mortgage or rent
\$ _____ Spouse's gross paycheck	\$ _____ phone
\$ _____ Child Support	\$ _____ Utilities
\$ _____ Supplemental Support	\$ _____ Car/insurance
(HA, food stamps, public aid, SSI, SSDI)	\$ _____ Other Expenses
\$ _____ Other Income	Description _____
Description _____	\$ _____ Total Monthly Expenses
\$ _____ Total Monthly Income	

The Kishwaukee Family YMCA is a not for profit agency open to all people regardless of age, race, religion, or ability to pay. Financial Assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income.

Submit:

- Copy of latest tax returns (Form 1040)
- 2 copies of recent paycheck stubs per adult
- Letter explaining your need for financial assistance

If unemployed submit any of the following that may apply:

- unemployment stubs
- disability statements
- SSI/SSDI award letter or statement
- letter from agency giving support

By my signature I am requesting assistance from the YMCA due to my personal circumstances. I certify that all information provided is correct and true. I understand that applications take approximately 2 weeks to process, at which time you will receive a letter in the mail at the address you provided.

Signature

Date

For Office Use Only

Date Received _____
 Type of Membership: Y AD F

Letter _____ Date Sent _____
 Monthly Amount \$ _____



STRONG KIDS MEMBERSHIP ASSISTANCE PROGRAM

The Kishwaukee Family YMCA offers quality programs and services designed to benefit people of all incomes, ages, gender and backgrounds. It is part of our mission, within the available resources of our YMCA, to provide services to individuals regardless of their ability to pay. Applications are kept confidential. A sliding scale is used to determine how much assistance is awarded.

HOW TO APPLY

1. Fill out application completely.
2. Write a letter that will help explain why assistance is needed. (Are there circumstances that affect your financial situation?)
3. Submit copies of your latest tax returns **and** two current paystubs per adult on the application. **(Please black out or white out any social security numbers that appear on the documents you submit.)**
4. Turn in completed application to the YMCA member services desk. Applications are reviewed weekly and take approximately two (2) weeks to process.
5. All notifications will be sent by mail and any outstanding balances on an account must be paid in full before financial assistance will be granted.
6. Information must be submitted on an annual basis (every year).

If a financial assistance membership is granted, you will be expected to pay the membership prorated for the month you sign up for the membership. The remainder of the membership will be set up to be paid monthly as an electronic funds transfer (EFT) from either a credit card or a checking account. You may choose to have funds drafted on the 1st or the 15th of each month. When you sign up for the membership you will need to provide either a credit card or a check from the account you want the monthly fees to be drafted.

If you do not have a checking account or a credit card you will need to speak directly with Susan Holder. If you have any questions you may contact Susan Holder at (815) 756-9577 or email sholder@kishymca.org.

OTHER INCOME EXAMPLES:

Government Assistance: Notice of decision (award letter with names of eligible persons and total amount of assistance awarded)

SSI/SSDI: Letter from Social Security office or notice of decisions stating the monthly benefit amount.

Unemployed: Notification of eligible benefits from unemployment office.

Persons living in shelters or supported by others: Letter from caseworker/individual stating the circumstance of the individual's situation. Also stating financial help if any is given.

Full Time college student: We accept students who are applying that have families and cannot use the College for health enhancement. Current school schedule and any loan or grant information that may be used to live on after school is paid for.