



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A PLACE FOR ALL

INCOME-BASED FINANCIAL ASSISTANCE APPLICATION

OUR MISSION: At the Y, strengthening community is our cause. Every day we work side-by-side with our neighbors to make sure that everyone, regardless of age, income or background, has the opportunity to learn, grow and thrive.

WHO QUALIFIES? The Y will honor anyone who needs financial assistance. The percentage of discount is determined by household income and number of people living in the home. The scholarship covers membership, programming and childcare as applicable.

MEMBERSHIP FINANCIAL ASSISTANCE

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$13,590	85%	85%	85%	85%	85%	85%	85%	85%	85%
\$13,590	75%	85%	85%	85%	85%	85%	85%	85%	85%
\$23,030	65%	75%	85%	85%	85%	85%	85%	85%	85%
\$27,750	55%	65%	75%	85%	85%	85%	85%	85%	85%
\$32,470	45%	55%	65%	75%	85%	85%	85%	85%	85%
\$37,190	35%	45%	55%	65%	75%	85%	85%	85%	85%
\$41,910	25%	35%	45%	55%	65%	75%	85%	85%	85%
\$46,630	15%	25%	35%	45%	55%	65%	75%	85%	85%
\$51,350	10%	15%	25%	35%	45%	55%	65%	75%	85%
\$56,070	10%	10%	15%	25%	35%	45%	55%	65%	75%
\$60,790	10%	10%	10%	15%	25%	35%	45%	55%	65%
\$65,510	10%	10%	10%	10%	15%	25%	35%	45%	55%
\$70,230	10%	10%	10%	10%	10%	15%	25%	35%	45%
\$74,950	10%	10%	10%	10%	10%	10%	15%	25%	35%
\$79,670	10%	10%	10%	10%	10%	10%	10%	15%	25%
\$84,390	10%	10%	10%	10%	10%	10%	10%	10%	15%

PROGRAM FINANCIAL ASSISTANCE

GROSS ANNUAL INCOME	NUMBER OF PERSONS IN HOUSEHOLD								
	1	2	3	4	5	6	7	8	9+
<\$13,590	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$13,590	50%	50%	50%	50%	50%	50%	50%	50%	50%
\$23,030	45%	50%	50%	50%	50%	50%	50%	50%	50%
\$27,750	40%	45%	50%	50%	50%	50%	50%	50%	50%
\$32,470	35%	40%	45%	50%	50%	50%	50%	50%	50%
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\$41,910	25%	30%	35%	40%	45%	50%	50%	50%	50%
\$46,630	20%	25%	30%	35%	40%	45%	50%	50%	50%
\$51,350	10%	20%	25%	30%	35%	40%	45%	50%	50%
\$56,070	10%	10%	20%	25%	30%	35%	40%	45%	50%
\$60,790	10%	10%	10%	20%	25%	30%	35%	40%	45%
\$65,510	10%	10%	10%	10%	20%	25%	30%	35%	40%
\$70,230	10%	10%	10%	10%	10%	20%	25%	30%	35%
\$74,950	10%	10%	10%	10%	10%	10%	20%	25%	30%
\$79,670	10%	10%	10%	10%	10%	10%	10%	20%	25%
\$84,390	10%	10%	10%	10%	10%	10%	10%	10%	20%



VALPARAISO FAMILY YMCA

1201 Cumberland Crossing Drive, Valparaiso Indiana 46383

P 219 462 4185 F 219 477 4720 www.valpoymca.org



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Checklist for successful submission:

Application filled out completely and all agreements signed

Copy of ID's from all adults who will be on the membership

Proof of residency from everyone 18 years and older in the household

All documents supporting each income source from all adults in the household 19 years and older

Clicked **submit on application to email to fa@valpoymca.org**

-Attached all other documents to this email to send together

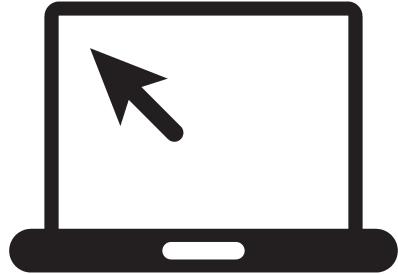
or

-Printed out application and will turn in all paper documents to the front desks.



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Instructions to complete PDF Application

1. Click in the Field at the beginning of the document and fill out accordingly.
2. Continue to tab to complete each section of the application that applies to you.
3. Once all of the information is inserted correctly you will need to add your signatures to the bottom of the document. Follow these steps:
 - a. Click the pen  at the top of the screen
 - b. Select Add Signature 
 - c. You may type or draw your signature, First and Last Name
 - d. Click "Apply"
 - e. Your signature will become your mouse cursor, move it to the Signature line and click to apply it.
4. Insert the signature date
5. Click the  button at the bottom of the application, this will prompt you to send via email to fa@valpoymca.org.
6. You may email copies of the documents attached to the email of the application or turn in paper copies to the front desks to be put into a locked box to be reviewed.

*Please be sure to provide email address on application. Application status and Scholarship approvals will be sent to email.

*Application will not be reviewed until all required documents are provided

The YMCA is a place for ALL, we will always do our very best to accommodate every individual situation! Please do not hesitate to contact us if you have questions or circumstances not addressed on this application.



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VALPARAISO FAMILY YMCA

APPLICATION FOR INCOME-BASED FINANCIAL ASSISTANCE

Primary's Information:

First Name:	M.I.	Last Name:
Gender:	D.O.B.	Cell Phone Number:
Email:	Employer:	Hire date:

Spouse/ Second Adult in Household Contact Information:

First Name:	M.I.	Last Name:
Gender:	D.O.B.	Cell Phone Number:
Email:	Employer:	Hire date:

Relationship to Primary:

Home Address: (Must Live in zip codes: 46302, 46341, 46347, 46383, 46385) *Anyone 18+ must show proof of residency

Street:	City:
State:	Zip Code:

APPLICATION REQUEST

MEMBERSHIP TYPE:
(Select one)

2 Adult Household (2 adults & dependents through age 26)

1 Adult Household (1 adult & dependents through age 26)

2 Senior Adults (At least one age is 65+)

2 Senior Adult Household

1 Senior Adult (Ages 65+)

1 Senior Adult Household

1 Adult (Ages 27-64)

1 Young Adult (Ages 19-26)

Additional Assistance Type:
(Select all that apply)

Programming

Childcare

Camp



*Programming is only applied with Membership.

*Childcare and Camp may be selected without Membership.

Household Information: *Please list everyone in household even if they will not be on the membership

Name (Last, First):	Relationship to Primary applicant:	Will they be on the Membership?	Age:

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Source of Income	Adult 1	How Often?	Adult 2	How Often?	Documents Needed: (Most recent docs)
Employer	\$		\$		1040 tax form or last 2 pay stubs
Unemployment	\$		\$		Benefit Letter
Child Support	\$		\$		Court order or last 2 payments
Social Security	\$		\$		SSA-1099 tax form or benefit letter
Disability	\$		\$		Tax form or benefit letter
Retirement/Pension	\$		\$		Tax form or last 2 payments
SNAP	\$		\$		Benefit letter
Alimony	\$		\$		Court order or last 2 payments
Other income	\$		\$		Documentation needed

Total Monthly Income in Household: \$

Monthly Income x12 = Total Annual Income: \$

I do not have any source of income at this time.

Please explain your current situation:

All income documents are required from anyone 19 years and older in the household

Copy of ID's are required with application

I certify that the information provided on this application is completed to the best of my knowledge. If my situation changes, I agree to notify the YMCA within 30 days. If the information submitted is false or inaccurate, I understand that I will not be eligible for assistance now or in the future. I understand that I need to reapply and provide updated documentation after 12 months. (Please type your name and date of submission)

SIGNATURE: _____ DATE: _____

I agree to use the facility at least five (5) times per month as required. I understand that failure to meet this usage requirement may result in termination of my membership. I agree to make all membership payments on time in accordance with the payment policy. I understand that two consecutive missed payments which can happen after only 1 month, will result in membership termination. I understand that if my membership is terminated due to non-compliance with usage or payment policies, I will be ineligible to receive financial assistance benefits for a period of 90 days. (Please type your name and date of submission)

SIGNATURE: _____ DATE: _____

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For office staff ONLY:

Application filled out completely and all agreements signed

Copy of ID's from all adults who will be on the membership

Proof of residency from everyone 18 years and older in the household

All documents supporting each income source from all adults in the household 19 years and older