



CHARLES CITY FAMILY YMCA

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

WELCOME TO ALL

Income Based Membership 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 Charles City Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

Because the YMCA is community-based and believes that its programs and services should be available to everyone, we offer an Income-Based Membership Pricing Program. This program offers a fee scale that is designed to fit the financial situation of each individual household in our community. We believe people should have access to the programs and services at the YMCA that nurture the spirit, mind, and body- regardless of their personal financial circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the YMCA Executive Director in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive a scholarship. YMCA members 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.

An Income Based Membership may reduce your membership fee. It does not eliminate it.

Eligible applicants must work or reside in the Charles City service area.

Income Based Memberships will be granted for 12 months. You must reapply after 12 months and provide updated documentation.

Membership fees are subject to change when you reapply.

If you do not reapply at the time requested, your membership will expire.

Please contact the YMCA at 228-2254 if you have any questions.

Attach all applicable financial documents and return to the YMCA Front Desk or mail to:

**CHARLES CITY FAMILY YMCA
800 Hulin Street
Charles City, IA 50616**

Phone: 641-228-2254

Income Based Membership Application

Apply for a **Income Based Membership** in 5 easy steps!

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ Zip _____

Home Phone () _____

Cell Phone () _____

E mail _____

If an applicant is under 18: Parent's or legal guardian's name: _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	
Parent/Guardian/Adult	
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB
Child	DOB

3 I AM APPLYING FOR

Check Membership category for which you are applying

MEMBERSHIP	<input type="checkbox"/>	Youth
	<input type="checkbox"/>	Young Adult
	<input type="checkbox"/>	Adult
	<input type="checkbox"/>	2 Adults
	<input type="checkbox"/>	1 Adult with Children
	<input type="checkbox"/>	2 Adults with Children
	<input type="checkbox"/>	Senior
	<input type="checkbox"/>	2 Seniors

PROGRAM SCHOLARSHIP

Program Name: _____

4 TO QUALIFY FOR SCHOLARSHIP, PROVIDE THE FOLLOWING INFORMATION AND DOCUMENTATION

\$ _____	Wages, salary, tips	<input type="checkbox"/> 1040 Federal Tax Form(s) for all incomes in household <input type="checkbox"/> Current check stub/s with year to date earnings <input type="checkbox"/> SSI statement <input type="checkbox"/> Letter or referral (Pastor, School Administrator, Employer) <input type="checkbox"/> Other verification
\$ _____	Unemployment compensation	
\$ _____	Social Security compensation	
\$ _____	Child Support	
\$ _____	Alimony	
\$ _____	FIP	
\$ _____	Food Stamps	
\$ _____	Retirement Benefits	
\$ _____	Other Assistance	
\$ _____	Total Monthly Income	

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS!

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 sponsorship 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 _____ Date _____

Attach all applicable financial documents and turn in with application

FOR OFFICE USE ONLY:

Scholarship Amount \$ _____

Member's Amount Owed:

Monthly Payment \$ _____

OR

Annual Payment \$ _____

TELL US MORE....Any additional information or extenuating circumstances that were not included on this application. Attach an additional sheet of paper if needed.