

MEMBERSHIP AND PROGRAM FINANCIAL ASSISTANCE APPLICATION



Primary member name: _____

Income: List all monthly income where applicable

Gross monthly income	\$
Spouse's gross monthly income	\$
Other monthly income for individuals over 18	\$
Child Support (if applicable)	\$
Social Security or disability (if applicable)	\$
Aid to dependent children (if applicable)	\$
Food Stamps (if applicable)	\$
Alimony (if receiving)	\$
Pension/Retirement (if receiving)	\$
Housing assistance (if receiving)	\$
Other income: (explain)	\$
Total Monthly Income	\$

Expenses: List all monthly income expenses

Rent/Mortgage	\$
Utilities	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Monthly Expenses	\$

I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of changes in information given in this application such as income, address, living arrangements, marital status or other matters that might affect my eligibility for YMCA financial assistance. I understand that failure to comply with YMCA policies can and may result in immediate suspension of my membership and program privileges.

 Signature Date

Date received Staff initials	Date reviewed Staff initials	Annual income	Membership %	Programs and %	Expiration

Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

HERE FOR ALL



WE ALL NEED THE Y.

There's no place quite like the Y. We're a vital part of the Sumter community; a welcoming place to learn new skills, connect with others and access support in times of need. Our unique combination of services enriches the well-being of people of all ages and walks of life. As a nonprofit organization, we never turn anyone away who needs us. We rely on financial support from local businesses, leaders and community members to continue to keep that promise.

OUR COMMITMENT TO OUR COMMUNITY

We are committed to helping people grow in spirit, mind and body. We are here to serve people of all ages, backgrounds, abilities, races, genders and incomes. The Open Doors program is made possible by generous donations to the annual campaign from local individuals and businesses who believe in our mission.



COMMITTED TO OUR CAUSE

- Support from Open Doors reduces membership and program fees; it does not eliminate them.
- Special circumstances will be taken into consideration as needed.
- Approvals are based on the application and submitted documentation which are reviewed, at minimum, annually. Special cases may be subject to review more often.
- If you find that you are no longer in need of assistance, we ask that you let us know in order for us to reallocate the funds to another family or individual in need.
- All applications and information will be kept confidential. You will be notified in writing or via email within 14 days of any scholarship you may receive.

APPLICATION INSTRUCTIONS

- Complete the following application in full
- Include copies of household and income documentation
- Return the application with ALL necessary documents to the YMCA.

All persons to be included on the membership must be listed on tax documents as dependents. If a spouse is listed on tax documentation, and you are applying as Single Parent, notarized documentation of separation or divorce must be provided. Any questions about the application process can be sent to Denise Lewis at dlewis@ymcasumter.org.

Tell us your story

We would love the opportunity to tell your story and what assistance from the Y will do for your family. What circumstance have brought you to us and how you would benefit from our services. With your permission, we would love to share your story to aid us in raising funds for the support of others like you.

Please submit your story to Derek Burruss by email at dburruss@ymcasumter.org

MEMBERSHIP AND PROGRAM FINANCIAL ASSISTANCE APPLICATION



1. Applicant Information

Name	DOB	Gender	Marital Status
Street Address	City	State	Zip
Home Phone	Cell Phone	Email	
Employer	How long have you been employed here?		
Have you previously applied for a YMCA financial assistance: No Yes If so, is this application for renewal? No Yes			
Are you currently a YMCA member? No Yes			

2. Household Members

Spouse (if applicable)	DOB	Gender	Marital Status
Cell Phone	Email		
Employer	How long have they been employed here?		
Dependent Name	DOB	M/F	Relationship to you
Dependent Name	DOB	M/F	Relationship to you
Dependent Name	DOB	M/F	Relationship to you
Dependent Name	DOB	M/F	Relationship to you

* Must show proof of dependency for all dependents. Without verification, dependents will not be added to the membership.

3. I Am Applying For

Membership Assistance

Teen College Adult Family Senior Senior Couple Single Parent Family

Program Assistance

Afterschool Gymnastics Summer Camp Swim Lessons Youth Sports (Basketball, soccer, volleyball)

4. Provide The Following Documents

- Copy of your state issued ID
- Completed Federal Tax Income Return
- Provide 30 days of income verification
- Proof of Rent / Mortgage and Electric Bills
- Proof of residency (where you live)
- Proof of Unemployment Compensation and/or Social Security Benefits
- Documentation of DSS assistance - must submit Household Summary **AND** Benefit Form, application will not be processed without
- Proof of Dependency – Please provide a birth Certificate WITH applicant's name listed or tax return listing dependents
- Please provide all proof of income within the household. If you have no income, a notarized letter from person(s) who provide your monthly living expenses is required. This document must indicate the source, amount and frequency of payment towards living expenses, in order to fairly evaluate.