



## **GREATER PEORIA FAMILY YMCA – FINANCIAL ASSISTANCE APPLICATION PROCESS**

All reduced membership rates will be based upon the household income and size of the family. A sliding scale is used to determine membership fees for adults and children. Qualifying applicants will receive additional program scholarships. Members must reapply annually.

### **EVERYONE MUST PROVIDE**

- An application, completed for the household.
- Current year's Federal Tax return (1040) **or** a non-filing letter from the IRS for each adult in the household.
- PHOTO COPIES of all the items listed below which pertain to you and your household.
- Please blackout/remove all Social Security numbers.

### **ADDITIONAL INFORMATION (if applicable per household member)**

- Two current, most recent pay stubs for each working adult in the household.
- Birth certificates for children NOT listed on the tax form.
- Link Card Statement (for food stamps, cash assistance, etc.)
- Social Security Statement (disability, retirement, survivors)
- Disability Statement
- Child Support Order
- Unemployment Statement
- Workers Compensation Statement
- School schedule for any student on the membership who is between the ages of 18-23
- Pension Statement
- Medical Card
- If the above documentation does not include the same household address for both adults, a marriage certificate, mortgage/rent statement or utility bill will be required.

### **TO OBTAIN A NON-FILING LETTER**

The IRS non-filing letter is for those who do not have a copy of or did not file taxes. All applicants must have a tax return or non-filing letter, regardless of employment status.

- If you do not file income tax you will need to provide the Y with a non-filing letter from the IRS. To obtain the letter, call the IRS at 1-800-908-9946. (This is an automated system. You will be prompted to enter the appropriate information. Choose the option for "questions about your account" and follow the prompts.) Or [www.irs.gov](http://www.irs.gov). When complete, the IRS will mail the letter to your home within 10-15 days.

### **YMCA MISSION**

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

### **FOR MORE INFORMATION**

- A YMCA staff member will contact you within 3-5 business days with the results. If you miss the call or do not receive a letter from the Y, please contact the Y at 309-692-7631.

**GREATER PEORIA FAMILY YMCA  
FINANCIAL ASSISTANCE APPLICATION**

**Photo Release Consent:** Membership application serves as consent for my family to be photographed or videotaped for YMCA marketing material purpose, unless otherwise noted.

Membership only \_\_\_\_\_ Y-Achievement Program \_\_\_\_\_ Membership & Y-Achievement \_\_\_\_\_

**ADULT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_

**SPOUSE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_

**Marital Status:**      Single    Married    Separated    Divorced    Widow

**Employment Status:**      Full-Time    Part-Time    Unemployed    Retired    Disabled   **Medical Card:**    Yes    No

| Dependents (Full time students ages 18-23 must provide class schedule & school ID) | Birthdate | Age | Grade | Relationship |
|--|-----------|-----|-------|--------------|
|  |           |     |       |              |
|  |           |     |       |              |
|  |           |     |       |              |
|  |           |     |       |              |

Please submit all household forms of income listed on the front of the application. Mark on each photocopy if the income is received weekly, twice a month, bi-weekly or monthly. YMCA financial assistance uses household income and size to determine eligibility and rates.

\_\_\_\_\_ **(Initial)** I certify that the preceding information is true and complete to the best of my knowledge. Falsification of information will result in termination of my financial aid and membership. I understand that lack of payment will result in financial aid cancelation; if my financial aid is cancelled, I understand I will have to reapply for financial aid with all updated documentation.

\_\_\_\_\_ **(Initial)** I understand that payment is due, regardless of monthly Peoria YMCA visits.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICE USE ONLY:**

| Income   | Adult | Spouse | Dependents | \$ Received | Total |
|--|-------|--------|------------|-------------|-------|
| Gross Wages  | \$    | \$     | \$         | \$          | \$    |
| Child Support/Alimony  | \$    | \$     | \$         | \$          | \$    |
| Social Security Benefits (Disability, Retirement & Survivors.) | \$    | \$     | \$         | \$          | \$    |
| Workers Comp   | \$    | \$     | \$         | \$          | \$    |
| Unemployment   | \$    | \$     | \$         | \$          | \$    |
| Link Card  | \$    | \$     | \$         | \$          | \$    |
| Pension/Retirement   | \$    | \$     | \$         | \$          | \$    |
| TANIF  | \$    | \$     | \$         | \$          | \$    |
| Other  | \$    | \$     | \$         | \$          | \$    |

Annual Income \$ \_\_\_\_\_ Financial Assistance % \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_

Household Size \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

Contacted by \_\_\_\_\_ Date \_\_\_\_\_