



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. 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.

ADULT

Last Name _____ Membership only _____ Y-Achievement Program _____ Membership & Y-Achievement _____

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 and 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.

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. _____ (Signature).

I understand that payment is due, regardless of monthly Peoria YMCA visits. _____ (Signature).

SIGNATURE OF APPLICANT _____ **DATE** _____

OFFICE USE ONLY:

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

Annual Income \$ _____ Financial Assistance % _____ Start: _____

Household Size _____ End: _____

Approved by _____ Date _____ Comments _____

Contacted by _____ Date _____