



# MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

The Grand Traverse Bay YMCA is a non-profit organization serving the needs of our community. Our mission is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all. **As part of this mission, our Financial Assistance Program is made possible through the support of donors, staff, members, and the community.**

Please fill out the following information and attach the necessary documents (photocopies only) and return to the Grand Traverse Bay YMCA. An interview may be required for approval of this financial assistance application. Please allow at least 30 days for application to be processed. Balance of the allocation must be paid in full or on our payment plan through the monthly bank draft program. The financial assistance will be applied to the Joiner Fee for the monthly bank draft payment plan. Exceptions are made only by the Chief Financial Officer.

**You must attach the following required paperwork (include applicable documents for all working adults in household):**

- Cover letter to explain your need and reasons applying for financial assistance
- Copy of last year's IRS Tax Statement and/or SSI Allocation Form
- Two most recent paystubs or if self-employed, last year's Schedule C
- Social Security Award Letter
- Unemployment Compensation
- Child Support Verification

**Return completed form with attached paperwork to:**

**Grand Traverse Bay YMCA**  
**3700 E. Silver Lake Rd.**  
**Traverse City, MI 49684**  
 Or [meredith@gtbayymca.org](mailto:meredith@gtbayymca.org)

I hereby sign understanding the below information and attached documents are correct and honest to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Primary Member</b>				
<b>Legal First Name</b>	<b>MI</b>	<b>Legal Last Name</b>	<b>Birthdate</b> / /	<b>Gender</b>
<b>Street</b>	<b>City</b>		<b>State</b>	<b>Zip Code</b>
				<b>Emergency Contact</b>
<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )	<b>Work or Other</b> ( )	<b>Name:</b>	
			<b>Phone:</b>	
			<b>Relation:</b>	
<b>Email:</b>				
<b>Membership Type</b>				
Youth: _____		Adult: _____		Family: _____
Young Adult: _____		Adult Couple: _____		Senior Couple: _____
<b>Location</b>				
West (all): _____		South: _____		Central: _____

<b>Household</b>			
<b>Name (Last if Different)</b>	<b>Relation</b>	<b>Birthdate</b>	<b>Gender</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			

### MONTHLY INCOME

- Gross Monthly Wages (Before Taxes) \$ \_\_\_\_\_
- Spouse's Monthly Wages (Before Taxes) \$ \_\_\_\_\_
- Business Income/ Capital Gain \$ \_\_\_\_\_
- Unemployment Compensation \$ \_\_\_\_\_
- Aid for Dependent Children \$ \_\_\_\_\_
- Social Security \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- DSS/ Public Assistance \$ \_\_\_\_\_
- Disability Insurance \$ \_\_\_\_\_
- Pension/ Retirement Funds/ Annuities \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_

### MONTHLY EXPENSES

- Mortgage/ Rent \$ \_\_\_\_\_
- Fuel \$ \_\_\_\_\_
- Car/ Insurance \$ \_\_\_\_\_
- Groceries \$ \_\_\_\_\_
- Utilities \$ \_\_\_\_\_
- Phone/ Cellular \$ \_\_\_\_\_
- Child Support/ Alimony \$ \_\_\_\_\_
- Medical Bills \$ \_\_\_\_\_
- Cable/Internet/TV \$ \_\_\_\_\_
- Student Loan/ Tuition \$ \_\_\_\_\_
- Child Care \$ \_\_\_\_\_
- Other (Please Explain) \$ \_\_\_\_\_

#### FOR OFFICE USE:

Approved  YES  NO

YMCA \_\_\_\_\_%

Join Today for: Joiner Fee \$ \_\_\_\_\_ \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_ Monthly

Contacted by: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*Children can be on a family membership up to age 18, and up to 22 if they are a full-time student. The Grand Traverse Bay YMCA reserves the right to request additional information upon its discretion.

#### \*UPON APPROVAL AND JOINING; Initial the below

\_\_\_ I understand that my Financial Assistance is granted for one year. Upon the expiration, it is my responsibility to reapply for the assistance with updated and current information.

\_\_\_ I understand that if my Financial Assistance is revoked or expires, that my membership will terminate and to reactivate, I must contact or visit the Membership Desk.

\_\_\_ I understand I will be contacted via email or phone and written letter upon approval of my application. I understand that I have 30 days from the notification date to redeem that offer by contacting or visiting the Membership Desk.

\_\_\_ I understand that if my application is incomplete, I have seven days from notification date to complete that application. After seven days my application will be discarded and I must reapply.

\_\_\_ I understand that assistance is granted on the basis of financial need. We consider total household income and number of legal dependents are primary criteria. Financial assistance is based on a sliding scale.