

FOR OFFICE USE ONLY

Award _____ %



Membership ID: _____

Date received: _____

Staff Initials: _____

If approved, assistance valid through:

___ / ___ / ___

Membership for All YMCA OF SAN FRANCISCO

PRIMARY ADULT

Primary Adult: _____ Date of Birth: ___ / ___ / ___

Secondary Adult: _____ Date of Birth: ___ / ___ / ___

Address: _____

City: _____ State: _____ Zip: _____

New Applicant Renewal

Number of adults 18+ in your home: _____ Number of children under 18 in your home: _____

How should we contact you regarding the status of your application (choose one):

Email: _____ Phone: _____

FINANCIAL ASSISTANCE TERMS & APPLICATION INFORMATION

1. Eligibility in the Membership for All Plan will be reviewed annually.
2. All eligible applicants will be asked to pay a portion of the dues.
3. Applicants must present income verification for all individuals in the household regardless of their intention to be a part of the YMCA. All information is kept confidential.
4. Except for this application form, the YMCA does not keep copies of any supporting documents.
5. Completion of this application does not guarantee approval. (Please allow 3-5 days for processing).
6. If assistance is not renewed by its expiration date, members on a monthly billing cycle will be charged the regular membership rate.
7. YMCA financial assistance is made available through donations and grants.

_____ (please initial) I have received and understood the terms and conditions of the YMCA Membership for All Plan.

TYPE OF FINANCIAL ASSISTANCE

(Applicants may choose program and/or membership categories)

MEMBERSHIP

Membership Type: _____ Billing Cycle: Monthly* Semi-Annual Annual

PROGRAM

Program Name: _____ Participant Name: _____

Program Name: _____ Participant Name: _____

Program Name: _____ Participant Name: _____

NOTE: If assistance is not renewed by its expiration date, members on a monthly* billing cycle will be charged the full membership rate.

ACKNOWLEDGEMENT

I acknowledge by my signature below that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need if requested. If awarded assistance, my scholarship is valid for one year and the award amount may vary from program to program. I am aware that on-time payments are required for participation. I acknowledge it is my responsibility to renew my application once it expires.

Signature: _____ Date: ___ / ___ / ___

HOUSEHOLD INCOME

Each adult in the household needs to provide at least one document that applies to one of the categories below, regardless of their intention to join the YMCA.

Category 1: Current enrollment/award letter from the following federal and California state assistance program(s).

- | | |
|--|---|
| Medicaid | CalWorks |
| Medi-Cal | Federal Public House Assistance (Section 8) |
| CalFresh/SNAP | CA Low Income Heating Assistance Program |
| Women, Infant & Children program (WIC) | Welfare-to-Work (WTW) |

Category 2: Proof of income for all adults in household regardless of their intent to join the Y or not:

1. Most current federal tax return
2. Supplemental Security Income
3. Unemployment Insurance statement

No Docs	With Docs	Rcvd. by staff/Date
\$ _____	\$ _____	_____ Monthly Income-1 st adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____ Monthly Income-2 nd adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____ Monthly Income-Additional Adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____ Total Monthly Income
\$ _____	\$ _____	_____ Total Annual Income
\$ _____	\$ _____	_____ Federal Tax Return - Adjusted Gross Income Amount

Are there any other factors that we should take in consideration in evaluating your need for assistance?

TEMPORARY MEMBERSHIP ASSISTANCE GRANTED - PENDING INCOME VERIFICATION

1. If you do not have income verification documents but would like to enroll in the Y today, our staff can temporarily approve you for _____ % of membership financial aid based on questions around your current household income.
2. You have chosen your monthly draft date to be on the 5th or 20th of each month. Temporary granted assistance only applies to monthly drafted memberships.
3. To verify your income, please bring supporting documents in-person to the YMCA by ____ / ____ / ____.
4. If documents are not brought in by the above deadline, your membership will be automatically drafted at the regular rate of \$ _____ starting ____ / ____ / ____.
5. You will have a chance to accept or decline the rate offered.

_____ (please initial) I understand the terms and conditions of YMCA temporary granted assistance approval.

FOR MEMBERSHIP DUES ONLY (STAFF TO FILL OUT)

Temporary Pre-Approval Reviewed by (Print Name): _____

Pre-approval Level: 1 2 3 4 _____ % off monthly dues Entered into Daxko

Applicant was notified on (date): ____ / ____ / ____ Applicant response: Accepted Declined

Final Approval Reviewed by (Print Name): _____

Approved Denied (reason): _____

Final approval Level: 1 2 3 4 _____ % off monthly dues Finalized in Daxko

Applicant was notified of new level on (date): ____ / ____ / ____ Applicant response: Accepted Declined