



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## DISCOUNT PROGRAM

## YMCA OF WESTERN STARK COUNTY

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Western Stark County ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign Fund, the YMCA of Western Stark County provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining discount amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive discounts. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.
- Most financial assistance will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.

To qualify for Quick Review assistance, provide any of the following documents:

- HEAP (Ohio Home Energy Assistance Program)
- Ohio Department of Medicaid (medical benefits)
- ODJFS (Cash Assistance) OWF/TANF
- ODJFS (Food Assistance) SNAP
- ODJFS (Child Care Assistance)
- Ohio Head Start
- SMHA Housing Voucher

**WestStarkY.org**



# WE'RE HERE TO HELP YOU

## DISCOUNT PROGRAM APPLICATION

## YMCA OF WESTERN STARK COUNTY

The YMCA provides financial assistance for youth, adults and families who desire to participate and understands the benefits of the YMCA, regardless of their ability to pay the full cost of a Y membership or YMCA programs.

We use a sliding fee scale based on total household income and the number of household members. We require supporting documentation to verify household size and income. Recipients are expected to be responsible for a percentage of the membership cost and/or the program fees.

### APPLICANT INFORMATION

PLEASE PRINT

☐ Quick Review?

☐ New Application

☐ Renewal

Name

Mailing Address

City

Zip

Home

Cell

E-mail

Applicants Birthdate: MM/DD/YEAR

If applicant is under 18, Parent or Guardian's name(s):

Phone

E-mail

### ALL PERSONS LIVING IN THE HOUSEHOLD

Place a check mark for each family member applying for discount.

Name

DOB

AGE

☐

☐

☐

☐

☐

☐

☐

☐

### THIS APPLICATION IS FOR: Check all that may apply.

#### Membership

- ☐ Adult  
☐ Family  
☐ Youth  
☐ Teen  
☐ Senior

#### Programs

- ☐ Youth Sports  
☐ Swim Lessons  
☐ Gymnastics  
☐ Child Care /Day Camp  
-JFS denial letter & full application required

How much do you feel you can afford to pay for a membership monthly:

### FINANCIAL INFORMATION

For your application to be processed you must provide verification of all sources of household income. Such as...

Most Recent IRS Federal Tax Return (1040)

Food Assistance Eligibility Letter

Current Paystubs (4 weeks)

Copy of Social Security OR Disability Payments

Unemployment

College Financial Aid

Child Support OR Alimony

Any other income

**\*\*Failure to disclose any income verification may result in the denial or delay of your application.**

Office Use Only:

MSR: Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Family in Daxko ☐ Yes

Quick Review Approved ☐ Yes

Office: Date Completed \_\_\_\_\_

Membership Scholarship \_\_\_\_\_ %

Paid by Member \$ \_\_\_\_\_

☐ Quick Review approved

Program Scholarship \_\_\_\_\_ %

Daxko Operations: ☐ Alert, qualifies ☐ Alert, time to reapply ☐ Program Scholarship %

The YMCA of Western Stark County is a charitable, non-profit agency open to all people regardless of age, race, sex, religion or ability to pay. The YMCA of Western Stark County will not deny services to anyone because of the inability to pay. Discounts will be granted based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs and your most recent benefit statements. Copies of the proof of income must be provided before the application can be approved.

By my signature, I am applying due to my personal circumstances, and I certify that all the information provided is correct.

Signature

Date

**EMPLOYMENT INFORMATION**

For each individual in the household (18 and older) that is not currently employed, please explain:

**A - I filed Federal Taxes for last year.**

- **Total Income** from your IRS Form 1040
- You must attach a copy of each FEDERAL IRS tax return Form 1040
- Show all income in the **household**, including dependents, parents, grandparents (even if everyone will not be included on the membership). Only individuals on these tax returns may be included on a membership.

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Total Income \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Has your household income changed from the amounts above?

If yes, you may wish to move to B and have us look at your current finances. If no or if you prefer please go to Page 3.

**B - I did not file federal taxes for last year OR my household income has changed since I filed taxes last year.**

Current income: copies of your federal tax return(s) 1040 are still required with this option, but eligibility will be determined based on the household's current income. This section is also for retired individuals that do not file a tax return (please detail on page 3).

In your household does anyone receive the following:		Adult 1	Adult 2	Other	<b>Required Attachments***</b>
		Amount (Monthly)	Amount (Monthly)	Amount (Monthly)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages				Two current pay stubs & IRS 1040
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment				Two current statements
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security				Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support				CSEA statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension				Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability/Veterans benefits				Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	OWF – Ohio Works First				Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Assistance				Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Utilities Assistance				Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	ADC (Aid to Dependent Children)				Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Assistance				Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Foster / Adoption Subsidy				Bank Statement / Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	College Financial Aid/Loans				Billing statement from school & Current class schedule
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other money coming into the home (explain on separate sheet)				Supporting documents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other money coming into the home (explain on separate sheet)				Supporting documents
	<b>Total</b>				

\*\*\*Copies of proof of income must be provided **before** the application can be approved. You must show all income in the **household** including dependents (even if everyone will not be included on the membership).

## PLEASE TELL US MORE

**Please share with us how you see participating in the YMCA will benefit you and your family. Please take this opportunity to include any additional information or circumstances of why discounted pricing is right for you at this time.**

Name

**Phone**

**E-Mail**

[illegible]

## OUR PROMISE

The YMCA believes in providing membership and program services to all who seek us out, without bias and regardless of ability, gender, race, ethnicity, sexual orientation, gender identity, income or other demographic attribute. Furthermore, we are committed to providing discounts on membership and program fees for those who demonstrate financial need. The Y's discount program, funded in part by our Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for a discount.

## ANNUAL CAMPAIGN

Through our Annual Campaign, your financial contribution provides financial assistance for youth and families so they may participate at the YMCA. Our Annual Campaign provides financial assistance for YMCA memberships and program activities such as child care, preschool, youth sports, and swim lessons.

## YMCA MISSION

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