



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE FOR ALL

Y for All Fair Share Application for YMCA Membership and YMCA Programs

WHY WE EXIST

The YMCA of Saginaw is an association of all people united in a common effort to put Judeo-Christian principles into practice through programs that enrich the spirit, mind and body for all.

EVERYONE IS WELCOME

We are an association for all. Within the limits of available funding, individuals can be provided a fair share scholarship for programs and membership.

COMMITTED TO OUR COMMUNITY

Our cause is to strengthen the foundation of our community through programs and services based on our four main core values of **CARING, HONESTY, RESPECT** and **RESPONSIBILITY**. Our main areas of focus are **YOUTH DEVELOPMENT, HEALTHY LIVING** and **SOCIAL RESPONSIBILITY**.



The Y for All Fair Share program can reduce fees. It does not eliminate them.

All fair share memberships will be granted for 12 months at which time you will be expected to reapply.

All membership fees are due monthly while program fees are due, in full, at the time of registration. Failure to pay on time may result in a termination from the Y for all program.

SaginawYMCA.org
(989) 753-7721

YMCA OF SAGINAW | WE STRENGTHEN COMMUNITY.

Y For All Fair Share Application

All application information is processed confidentially.

1 APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If applicant is under 18: Parent or Legal Guardian's signature:

X _____

2 ALL PERSONS LIVING IN HOUSEHOLD

Total Number of Adults living in household ages 18+ _____

Total Number of Children Living in Household _____

4 I AM APPLYING AS A

NEW APPLICANT

RETURNING APPLICANT (Renewal)

ADDITIONAL INFORMATION...

Use this space, or an attached page, to include any additional information or extenuating circumstances not addressed on this application, to express your need for assistance.

FOR OFFICE USE ONLY

APPROVED? Y N Adult or Household

Rate: A B C D

STAFF NAME _____

DATE _____

Application good for 30 days from date of review.

3 I AM APPLYING FOR

Check membership you are applying for.

- ADULT (ages 25+)
- MEN'S ATHLETIC CENTER (man age 19+)
- HOUSEHOLD (includes up to 2 adults with children up to age 24) add adults at same address
- MAC HOUSEHOLD (same as family with men's MAC)

Approval by a Director is required for Fair Share on:

- PROGRAM Membership (age 7-17)
- STUDENT ATHLETE (ages 14-17)
- YOUNG ADULT (ages 18-24)

*What do you feel you can afford to pay / month for your membership? \$ _____

- PROGRAM – please list specific program(s) for which you are applying: _____

5 TO QUALIFY FOR ASSISTANCE, YOU MUST SHOW PROOF OF INCOME.

Must show a Federal Tax Form 1040 for each adult on the membership. W-2's are not an acceptable document to show proof of income.

- I FILED Federal Taxes for last year.
- I DID NOT FILE Federal Taxes for last year.
- I have shown my Federal Tax Form 1040 showing all income in household for last year.
- I have shown a 4506-T form from the IRS showing no taxes filed for last year.
- We filed more than ONE tax form in our household. We have shown _____ 1040 Forms.
- I have also shown copies of all proof of income including pay stubs or documentation of government assistance.

\$ _____
Total annual household income

\$ _____
Total annual household income

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I understand that membership fees are due monthly and late or missed monthly fee payments may result in cancellation of membership and financial assistance without notice. You will also be responsible for a termination fee.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so assistance can be provided to others. I understand that if I falsify any of the above information, current aid may be revoked and future aid will be denied.

Applicant Signature _____

Date _____