



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# FAIR SHARE APPLICATION

## YMCA OF SAGINAW

### APPLICANT INFORMATION (Parent or guardian for applicants under 18 years)

Prefix	First Name	M	Last Name	Date of Birth	Gender	Ethnicity
Home Address			State	City	Zip Code	
Home Phone		Cell/Other Phone		Primary Email		

### I AM APPLYING AS A

### ADDITIONAL INFORMATION

New Applicant    Returning Applicant (Renewal)

### ALL PERSONS LIVING IN HOUSEHOLD

Total number of adults living in household (Ages 18+)

Total number of youth living in household (Ages 6m-17)

### COMMUNITY MEMBERSHIP TYPE

Choose Membership Type:	<input type="checkbox"/> Program (Ages 7-17) <input type="checkbox"/> Student Athlete (Ages 14-17) <input type="checkbox"/> Young Adult (Ages 18-24)	<input type="checkbox"/> Adult (Ages 24+) <input type="checkbox"/> Men's Athletic Center (Ages 19+) <input type="checkbox"/> Family (2 Adults & Dependents)	<input type="checkbox"/> Men's Athletic Center Family (2 Adults & Dependents) <input type="checkbox"/> Donor
Choose Add-Ons:	<input type="checkbox"/> Locker Rental <input type="checkbox"/> Kid Zone <input type="checkbox"/> Towels <input type="checkbox"/> Donation		

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

### FOR STAFF USE ONLY (Application good for 30 days from date of review.)

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Membership Type: <input type="checkbox"/> Adult <input type="checkbox"/> Family	Date:
Rate Adjustment (Amount Off Dues):	Individual: A - \$5   B - \$9   C - \$12   D - \$17	Family: A - \$7   B - \$13   C - \$19   D - \$26

### 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 \_\_\_\_\_ Staff Initial \_\_\_\_\_ Date \_\_\_\_\_