



FOR YOUTH DEVELOPMENT®  
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# HELP WHEN YOU NEED IT

## Membership Fair Share Application Packet

**YMCA of Saginaw**  
**1915 Fordney**  
**Saginaw, MI 48601**  
**989-753-7721**  
**[Saginawymca.org](http://Saginawymca.org)**





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Dear Financial Assistance Applicant,

The YMCA of Saginaw believes in strengthening the community. With the Y's focus on nurturing kids and teens, improving people's health and well-being, and giving back and supporting our neighbors, your membership will bring about meaningful changes in both your life and in your community.

The YMCA believes that every person should have an opportunity to participate and pursue their own personal goals regardless of financial level.

Because of our service and dedication to our community, we offer membership financial assistance through our Annual Campaign, donations and grants to those who request it within our available resources. The YMCA is community-based, and we believe that our services should be available to everyone.

The Fair Share program is based on a sliding fee scale designed to fit individual financial situations. Available funding is based on personal need, enrollment, and our financial resources.

To apply for financial assistance, please complete the attached application and submit it with all income documentation to the Membership Services Desk. Once your income packet has been verified and reviewed, you will be contacted within 3 – 10 business days by one of our Team Members informing you of the Membership rate you are approved for as well as receive a letter of approval via the US Mail.

Thank you for your interest in the YMCA of Saginaw and we look forward to serving you and continuing to work together to strengthen our community.

Sincerely,

Doug Temple  
Membership and Operations Director  
YMCA of Saginaw  
1915 Fordney  
Saginaw, MI 48601  
989-753-7721

# Q & A

**Q: *What is Fair Share?***

**A:** The YMCA of Saginaw believes in providing membership services to all who desire to participate. The Fair Share program, supported in large part by the Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for assistance on an **Adult** or **Household** Memberships only.

**Q: *What is the Annual Campaign?***

**A:** The Annual Campaign is the YMCA's yearly fundraising appeal. This allows the YMCA of Saginaw to accomplish its mission to support the balanced development of spirit, mind and body through programs and services that develop youth, promote healthy living and demonstrate social responsibility. We rely on contributions from individuals, corporations and the community to help make that a reality for all.

**Q: *Who is eligible for the YMCA Fair Share?***

**A:** Any Adult or Household within the YMCA service area may apply for financial assistance. Eligibility is based on family size and household income.

**Q: *Is it possible to join the YMCA free of charge?***

**A:** The YMCA believes Fair Share participants develop a strong sense of ownership and pride when they contribute toward the cost of their YMCA involvement. Therefore, applicants will be required to pay a portion of the Membership fee for the requested service.

**Q: *How will the Fair Share amount be determined, and how quickly can I expect to receive it?***

**A:** Financial aid is based on a sliding scale that takes in account yearly income and family size. Approval of applications is made using a scale based on individual or household income and number of dependents. The scale is developed on the Federal Poverty Guidelines.

**Q: *How long does the assistance last?***

**A:** The Fair Share assistance is good for one year from the date of issue if the membership stays in good standing. You are required to inform the YMCA of any material changes in your financial status. Recipients are required to renew annually from their start date. Assistance will stop and membership will terminate if membership fees are returned from bank draft 3 times. Member may reapply in one year after that.

**Q: *How long does the approval process take?***

**A:** The process takes approximately 3 to 10 business days. Some applications may take longer if the needed documentation is missing or inaccurate.

**Q: *Why does the YMCA require financial documentation for Fair Share?***

**A:** The YMCA believes in helping people on an equal basis. We require the financial documentation for Fair Share approvals so that we can fairly determine who is eligible for financial assistance. We are here to help you!

**Q: How do I apply?**

**A:** Complete the following steps to be considered for the Fair Share program at the YMCA of Saginaw:

**Step 1:** Complete the attached applications for Fair Share and Membership.

**Step 2:** Please provide a copy of your most recent 1040 Federal Tax form with your application – for security reasons, please block out all social security numbers. If you do not file taxes, provide alternate proof of income (as outlined in step 4) and a letter from the IRS stating non-filer of federal income tax. This letter can be obtained by filing a form 4506-T on the IRS.Gov website or calling the IRS at 1-800-829-8374.

**Step 3:** Please provide a copy of a legal guardianship letter or birth certificate for any children not listed as a dependent on your Federal tax return. Please provide documentation of full- time student status for any dependent child age 18-23.

**Step 4:** If applicant has not filed a Federal 1040 tax return and is submitting the letter from the IRS, the approved other forms of financial income are as follows:

- Social Security: Please submit copies of any financial assistance coming into the home, whether it is for a child, adult, yourself, etc.
- Retirement or Pension Benefits: Please submit documentation of the amount being received.
- Child Support: Please submit a copy of the child support order showing the amount you were awarded.
- Lay-off or Unemployment: Please submit documentation of the lay-off or a copy of your unemployment letter.

Make copies of all income sources coming into the household and submit them with your application. Originals will not be returned to you, so please provide only copies of all documentation.

***\*Please note that if you have no source of income, we can put you in touch with our Volunteer Coordinator to discuss other options.***

**Step 5:** Review the application and income documentation to make sure that everything is filled out and copies are made of all income sources and signed where indicated. Please note that if documentation is missing or the application is not filled out fully, your application may be **delayed or disapproved**.

**Step 6:** Turn in the completed application packet to the Membership Services Desk staff. The Membership Services Desk Manager will review the packet within 3-10 business days and someone from Membership Services will contact you regarding the discount level you are approved for.



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**YMCA of Saginaw**  
**Fair Share Financial Assistance Application**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Last Name**                                  **First Name**                                  **Date of Birth**

\_\_\_\_\_  
**Address**    **City, State, Zip Code**

\_\_\_\_\_  
**Phone Number**    **Email Address**

Number of Adults in household \_\_\_\_\_ Number of Children in household \_\_\_\_\_

**Type of Membership:**      \_\_\_\_\_ **Adult General**                          \_\_\_\_\_ **Adult MAC (Men only)**  
   \_\_\_\_\_ **Household 1 General**                          \_\_\_\_\_ **Household 2 General**  
   \_\_\_\_\_ **Household 3 General**                          \_\_\_\_\_ **Household MAC**

**INCOME:**

	<b>Circle one:</b>	
1: Are you employed?	Yes No	\$ _____/month
2: Is your spouse employed?	Yes No	\$ _____/month
3: Are any of your children employed?	Yes No	\$ _____/month
4: Are there any other Adults in household employed	Yes No	\$ _____/month
5: Are you or your spouse receiving unemployment benefits?	Yes No	\$ _____/month
6: Are you receiving child support?	Yes No	\$ _____/month
7: Are you receiving spousal support?	Yes No	\$ _____/month
8: Are you receiving FIP or Other?	Yes No	\$ _____/month
9: Are you receiving food stamps/bridge card?	Yes No	\$ _____/month
10: Are you receiving social security benefits?	Yes No	\$ _____/month
11: Is anyone else in household receiving social security benefits?	Yes No	\$ _____/month
12: Are you receiving retirement benefits?	Yes No	\$ _____/month
13: Are you receiving any other income?	Yes No	\$ _____/month

**TELL US MORE.....**

Are there other special circumstances affecting your financial situation you would like us to take into consideration? If so please explain, if you need more space, please attach an additional sheet of paper.

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**\*PLEASE NOTE\***

**Additional Adults on membership over the basic limit of 2 are an additional \$20.00 per month and are not discounted**

**Additional Children on membership over the basic limit of 4 are an additional \$4.00 per month and are not discounted.**

**This application must be renewed every 12 months**

In accordance with YMCA policy, NO application will be considered without accompanying verification of income. We expect participants to pay a fee based on financial ability.

I, hereby, certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA of Saginaw in writing of any change in information supplied in this application, such as income, address, living arrangements, or other matters which might affect my eligibility for financial assistance. In the event that I must cancel our membership, I will contact the YMCA immediately so that the Fair Share Assistance may be provided to others. I understand that failure to comply with YMCA policies can result in immediate revocation of Fair Share financial assistance and Membership.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## CODE OF CONDUCT

We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA Code Of Conduct does not permit language or any action that can hurt or frighten another person. Specifically, this includes:

- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language including swearing, name calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft of or behavior that results in the destruction of property.
- Carrying or concealing any weapons, devices or objects that may be used as weapons.
- Using, possessing, or being under the influence of illegal chemicals or alcohol on YMCA property, in YMCA vehicles or at YMCA-sponsored programs.
- Any use of digital camera phones or any photo or video recording device in locker room areas.
- Any other conduct of an inappropriate, threatening or offensive nature.

The YMCA maintains a smoke free campus – building and grounds. Members and guests are expected to refrain from smoking in and on all indoor and outdoor premises.

Members and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person. Members and guests should not hesitate to notify a staff person if assistance is needed. Staff wants to help. In order to be able to carry out these policies, the YMCA asks that members and guests identify themselves to staff when asked. The Executive Director or Program Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Executive Director if, in his or her discretion, a violation of this Code of Conduct has occurred.

**Charges for membership will be drafted on the 1<sup>st</sup> of the month. Yearly renewal is required for the Fair Share financial aid.**

## CONSENT – HOLD HARMLESS

I certify that my children have permission or that I consent to participate in YMCA programs. I further stipulate and agree to protect, indemnify, save, and hold harmless the YMCA of Saginaw employees and YMCA volunteers against any and all claims arising out of my children's (or my) participation in YMCA programs. I also certify that the programs participant (myself or my children) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in YMCA programs. I give my permission for photos and/or video to be taken and used for YMCA public relations purposes.

**MEMBERSHIP TERMINATION INFORMATION**

Bank and credit card draft cancellation notices must be received by the 25<sup>th</sup> of the month prior to the draft date in or to cancel that month’s draft. Bank draft payments are for one month in advance. If I stop payment on the final draft, I will be charged the service charges incurred by the YMCA of Saginaw. By cancelling, or allowing my membership to expire, I realize that my joining fee is non-transferable after 30 days.

**SEX OFFENDER POLICY**

In the interest of maintaining an environment that is safe for members, employees, and visitors, the YMCA of Saginaw prohibits access to its facilities and/or ground to Registered Sex Offenders. Any individual known to be listed on any state or national sexual offender registry shall be denied access to the YMCA of Saginaw. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**I have read and agree to abide by the YMCA member code of conduct when participating in YMCA programs or utilizing YMCA facilities.**

\_\_\_\_\_ Member Signature 1                      \_\_\_\_\_ Member PRINT Name                      \_\_\_\_\_ Date

\_\_\_\_\_ Member Signature 2                      \_\_\_\_\_ Member PRINT Name                      \_\_\_\_\_ Date

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**OFFICE USE ONLY:**                      *Application good for 30 days from date of review*

**DATE RECEIVED:** \_\_\_\_\_                      **RECEIVED BY:** \_\_\_\_\_                      **REVIEWED BY:** \_\_\_\_\_

**APPROVED? Y / N**                      **FAIR SHARE CATEGORY:** \_\_\_\_\_                      **MONTHLY FEE:** \_\_\_\_\_

**Rate Discount:** (Circle category approved for)

**Individual (General and MAC):**                      **A = \$5.00 discount**                      **B = \$9.00 discount**  
**C = \$12.00 discount**                      **D = \$17.00 discount**

**Household (General and MAC):**                      **A = \$7.00 discount**                      **B = 13.00 discount**  
**C = \$19.00 discount**                      **D = \$26.00 discount**