



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP ASSISTANCE APPLICATION

Information must be complete and ALL documents attached before request can be processed.
Assistance for 50% of membership is available and must be renewed annually.

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Primary Phone: _____

Employer: _____

1. HOUSEHOLD - Please list EVERYONE residing in your household, even if they are not part of your membership.

Note: Only dependents - biological children or children legally adopted and claimed on federal taxes - qualify for a family membership. Children 18 years & older are considered dependents only if they are full-time students AND were claimed on your last federal income taxes.

Name of others living in household	Date of Birth	Relationship	School / Employer

2. INCOME - Proof of all sources of income is required for this application to be processed.

TOTAL MONTHLY INCOME (for all adults in household)	1st ADULT	2nd ADULT	3rd ADULT
Gross Wages (before taxes)	\$	\$	\$
Unemployment	\$	\$	\$
Food Stamps	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Social Security FIP / SSI	\$	\$	\$
Other (please explain):	\$	\$	\$
SUB TOTAL	\$	\$	\$
TOTAL INCOME (all sources)	\$		
INCOME TAX GROSS INCOME (form1040, line 15)	\$		

3. PROOF OF INCOME - For the income listed and claimed above, attach all applicable documents:

- REQUIRED** Most recent Federal Tax Return or Verification of Non Filing
(3539 Southern Hills Drive, Sioux City, IA 51106 - call ahead to make an appointment at 844-545-5640)
- REQUIRED** One month of the most recent pay stubs from all employers
- OR** Verification form from Iowa Workforce Development if not working.
(2508 4th St. #1, Sioux City, IA 51106)
- Statements/letters stating all other assistance received: food stamps, unemployment, Social Security, child support, alimony, FIP, etc. (not optional if applicable)
- All other documents, as requested

4. MEMBERSHIP ASSISTANCE REQUIREMENTS - Membership assistance is possible only through the generosity of donors and grants. To better report the importance and benefits of Memberships Assistance, the following is required of all members receiving assistance:

- Single adult memberships must use their membership a minimum of 6 times per month. Family memberships must use their membership a minimum of 10 times per month (any family member counts as one use). Members will be given a 30 day grace period to show usage before membership assistance is suspended.
- At least one adult member from each NEW membership on membership assistance must attend a free Getting Started Session within 60 days of starting their membership.
- One adult member must complete a short new member survey and an annual survey each year while on assistance. Surveys must be completed within 30 days of receipt.

5. FAILURE TO MEET REQUIREMENTS - SUSPENSION OF ASSISTANCE

Failure to meet any of the above requirements within the specified time will result in the automatic suspension of membership assistance and the member will be charged the full rate of their membership type the next billing period immediately following the missed requirement. If the requirements are met during that month, membership assistance will automatically be reinstated the next billing period. Continuing violations of any of the requirements may result in ineligibility for membership assistance.

6. RENEWAL - Membership Assistance is renewed annually and members receiving Membership Assistance are required to provide documentation to demonstrate their continued eligibility each May. Failure to meet the renewal deadline will result in the automatic suspension of Membership Assistance until such time as all documentation is provided and approved.

By signing below, I confirm that I have provided all required information, that all of the information provided is true and correct to the best of my knowledge, and that I give my permission to the Norm Waitt Sr. YMCA to verify any of the information I have provided. I understand that if I knowingly provide any false information, my Membership Assistance will cease immediately and I may be responsible for repaying any assistance that I may have already received.

I understand that Membership Assistance is valid for one year only, must be renewed each year and that I must meet the Membership Assistance Requirements set out above. If I fail to meet any of these requirements, I understand that my membership rate will resume to the current full membership rate for my membership type.

Applicant Initial

Staff Initial

Signature

Date

Date Received: ___ / ___ / ___

FOR OFFICE USE ONLY

Date Called: ___ / ___ / ___

Approved: 50%

Initial: