



MEMBERSHIP ASSISTANCE APPLICATION

The Y strives to provide wellness opportunities for all. Membership Assistance is made possible by the generous support of our donors.

Information must be filled out completely and ALL documents attached before request can be processed. Assistance of 25% and 50% of membership is available. Assistance must be renewed each year.

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 kids legally adopted and claimable 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.

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

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

TOTAL MONTHLY INCOME (for all adults in household)	1st ADULT	2nd ADULT	OTHER
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 (form 1040, 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)
 - 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 51101)
 - 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 benefits of Membership Assistance, the following is required of all members receiving Membership Assistance for assistance to continue:

- Single adult memberships must use their membership a minimum of 6 times per month. Family memberships must be used in total a minimum of 10 times per month (any family member counts as one use).
- At least one adult member from each NEW Membership Assistance membership must attend a free Getting Started Session within 60 days of starting assistance.
- One adult member from each membership must complete a short initial survey and then semi-annual surveys in May and November.

5. FAILURE TO MEET REQUIREMENTS -

Facility Usage – Failure to meet usage requirements in any given month will result in a 30 day probationary period. If usage requirements are not met for a second consecutive month, the membership rate will automatically revert to the full rate. If usage requirements are met the following (third) month, membership assistance will be reinstated at the end of that third month if all other requirements have been met. Continued violation of this requirement may result in ineligibility for membership assistance.

Getting Started Session – Failure for at least one adult member on any active membership unit to attend a free Getting Started Session within 60 days of joining will result in the membership rate automatically reverting to the full rate. As soon as one adult member has attended a Getting Started Session, the membership assistance will be reinstated at the next normal billing period.

Surveys – Failure to return a required, completed survey (currently November and May) within the time given will result in the membership rate automatically reverting to the full rate at the first billing period following the deadline. Membership assistance will be reinstated at the next normal billing period as soon as the completed survey is returned. Continued violation of this requirement 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 when all documentation is provided and approved.

By signing below, I confirm that I have provided all of my income 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.

Member Initial: _____

Staff Initial: _____

Signature

Date

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____

Approved: 50% 25%

Initial: _____

Date Called: ____ / ____ / ____