



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**MARION FAMILY YMCA
WOPAT YMCA CENTER**
645 Barks Road East – Marion, Ohio 43302
P 740-725-9622 F 740-389-1287
www.marionymca.org

ALWAYS HERE FOR OUR COMMUNITY

MEMBERSHIP DISCOUNT APPLICATION

APPLICANT INFORMATION (please print)

Name: _____ Date of Birth: _____ Phone: _____

Street Address: _____ City/ State Zip: _____

Employer: _____ Work phone: _____ Email: _____

List all individuals residing in household

Spouse / Child(rens) Name	Date of Birth	Age	Relationship	Employer/School
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____
_____	__/__/__	____	_____	_____

I AM APPLYING FOR (Check only one category):

Youth (age 9 to 17)

Adult (age 18 & older)

Household I (2 adults and children)

Household II (1 adult and children)

Dual Adult (2 adults)

Household IV (extended family)

WHAT IS THE MEMBERSHIP DISCOUNT PROGRAM?

The Marion Family YMCA believes in providing membership and program services to all who seek us out, without bias and regardless of ability, gender, race, ethnicity, sexual orientation, gender identity, income or other demographic attribute. Furthermore, we are committed to providing discounts on membership and program fees for those who demonstrate financial need. The Y's membership discount program, funded in part by our Annual Campaign, uses all available resources to provide support to those who have financial need and qualify for a discount.

WHO IS ELIGIBLE FOR A MEMBERSHIP DISCOUNT?

Anyone may apply for a Membership Discount. Discounts are applied based on need using a sliding-fee scale of **total household income and number of people in the household**. Applicants must demonstrate household income with documentation. Required documentation is listed on the back of this form.

IS IT POSSIBLE TO JOIN THE Y FOR FREE?

No. The Y believes a strong sense of ownership and pride is developed when the Membership Discount recipient contributes to the cost of their Y membership. Therefore, applicants will be asked to pay a portion of their membership and program fees.

HOW QUICKLY CAN I EXPECT TO GET APPROVED?

We normally review applications on a walk-in basis (while you wait) weekdays 8:00 am to 4:00 pm. In order to be reviewed on a walk-in basis you must provide all required documentation. Applications missing documentation will not be reviewed on a walk-in basis. Our walk-in review hours are subject to change. Applications may also be mailed in or dropped off, in which case the review time is two to three weeks. Applicants who mailed in or dropped off their application will receive a letter in the mail indicating if you been approved and the cost of your membership.

HOW LONG WILL THE DISCOUNT CONTINUE?

The discount is generally granted for one year. If you are currently unemployed or waiting on SSI or other benefits, we will grant your discount for six months, after which you must reapply. Most participants must re-apply each year. We will send you a postcard reminder when it's time to reapply.

MEMBERSHIP DISCOUNT APPLICATION

Discount may not be awarded if any information is incomplete.

Did you, or anyone in the household, file federal income taxes last year? ___ Yes ___ No

If yes, who filed: _____ (must include copy of Fed Tax Form)

If no, why not? _____

Does someone claim you as a dependent on Federal Income Taxes? ___ Yes (must include that person's income)

Please **complete and provide documentation** for all sources of income from all adults in the household. **Lack of documentation may prevent you from receiving a discount.**

- Monthly wages earned by all wage earners in the household. Must provide most recent 30 days of pay stubs for all wage earners. _____ Monthly
 - Income earned as Independent Contractor _____ Monthly
 - Unemployment benefits _____ Monthly
 - Child support / alimony _____ Monthly
 - Social Security / SSI _____ Monthly
 - Food Assistance (SNAP) _____ Monthly
 - Retirement / pension _____ Monthly
 - Foster Parent per diem _____ Monthly
 - Cash Assistance _____ Monthly
 - HUD / Rental assistance _____ Monthly
 - Cash payment for work performed (provide a letter from employer with average amount paid each month) _____ Monthly
 - Other _____ Monthly
 - Other _____ Monthly
- TOTAL _____ Monthly**

Above Monthly total x 12 = ANNUAL TOTAL _____

Also required for all individuals in household who filed federal income taxes:

Copy of 1040 Federal Tax Form (1040A, 1040EZ) Page 1 showing Adjusted Gross Income

Total Adjusted Gross Income from Tax Form for all filers: _____

Adults, not claimed as someone's dependent, who claim no income and / or have no documentation of income must provide a letter, on letterhead, from a social service agency or faith organization validating estimated household income and need for financial assistance.

THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

I certify 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 this discount is based on need. I understand that falsifying any of the above information could jeopardize a membership discount now and/or in the future.

Signature of person completing this form

Date

OFFICE USE ONLY

APPROVED Yes ___ No ___ Date Approved _____

Y ___% YOU ___% Membership Type: _____

Monthly \$ _____

6 months \$ _____

Annual \$ _____

One Time Joiners Fee \$ _____ Staff Initials _____

Good for 120 Days from date approved

Please tell us how a membership to the Y will benefit your household: