



Greater Joliet Area YMCA Financial Assistance Policy

The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually and set to provide maximum assistance to individuals and families where there is the greatest need. (Scale is similar to what the State of Illinois uses) The amount of financial assistance provided for on the scale is determined both by need and by the ability of the YMCA to fund it.

- Please fill out completely and accurately.
- Please attach a copy of your most current income tax return (1040 form) and social security subsidy documentation, if applicable. Your application cannot be processed without one of these documents. If you do not have either of these documents, please call for appropriate alternate documentation.

Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Are you: Married Divorced Single Separated

Membership Type applying for:

Family Single Parent Family Adult Youth

Are you also applying for:

Camp* Kidz Zone* *must have DHS/CC&R denial letter prior to YMCA review

Family Members:

Name: _____ Birthdate: _____

Sex: Male Female Relation to you: _____

Name: _____ Birthdate: _____

Sex: Male Female Relation to you: _____

Name: _____ Birthdate: _____

Sex: Male Female Relation to you: _____

Name: _____ Birthdate: _____

Sex: Male Female Relation to you: _____

Name: _____ Birthdate: _____

Sex: Male Female Relation to you: _____

For Office Use ONLY:

Approval Period: 3 months 6 months 12 months

Approved for: _____

Income:

- A copy of your most current income tax return (1040 form) or social security subsidy documentation must be attached with this application.

Estimated Household Yearly Income: \$_____

If \$0, how are you paying for Rent, Utilities, etc?

If divorced, do you receive child support? _____ Yes _____ No
 How much support? \$_____ per month \$_____ per year

Are you or your spouse receiving public aid? _____ Yes _____ No
 Are you and/or your spouse receiving Social Security? _____ Yes _____ No

Why? _____
 What is your monthly benefit amount? \$_____ Spouse \$_____

Do you own your home? _____ Yes _____ No Mortgage: \$_____ /month
 Do you rent? _____ Yes _____ No Rent: \$_____ /month

Number of Cars in Family: _____
 Make: _____ Model: _____ Year: _____
 Driven/Owned by Who? _____

Make: _____ Model: _____ Year: _____
 Driven/Owned by Who? _____

Make: _____ Model: _____ Year: _____
 Driven/Owned by Who? _____

Financial assistance for all will be based on a sliding fee scale unless there are exceptional circumstances such as high medical bills, recent unemployment, etc. Please identify any exceptional circumstances that you want us to be aware of. **Copies of any excessive bills, unemployment benefits, etc must be attached.**

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that the YMCA may hold me responsible for the total cost of the program or membership should the information be incorrect or inaccurate. I acknowledge that I have received a copy of the Greater Joliet Area YMCA Financial assistance policy. I understand that my membership can be terminated should I not comply with all YMCA rules and policies.

Signature of Applicant

Date

Mail this application and all documents to:

C.W. Avery Family YMCA Pam Lee 15120 Wallin Dr. Plainfield, IL 60544 815-267-8600	Central City YMCA Maurice Fears 1350 S. Briggs St. Joliet, IL 60433 815-726-3939	Galowich Family YMCA Laurie Halaska 749 Houbolt Rd. Joliet, IL 60431 815-726-3939	Morris Family YMCA Laurie Halaska 749 Houbolt Rd. Joliet, IL 60431 815-744-3939	Smith Family YMCA Mary Wollgast 1350 S. Briggs St. Joliet, IL 60433 815-744-3939
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Application can take up to 10 business days for processing.

Greater Joliet Area YMCA - C. W. Avery Family YMCA
Financial Assistance Policy

It is the position of the Greater Joliet Area YMCA - C. W. Avery Family YMCA that all of its membership and program services are open to everyone regardless of age, income, ability, race, or religion. Each year hundreds of individuals and families are provided with reduced fees through the United Way, friends of the YMCA and through the YMCA Annual Giving Campaign. In those instances where the cost of the membership or program may prevent an individual or family from participating, the YMCA will, based on available resources, offer financial assistance as specified by the following financial assistance policy:

Financial Assistance Policy: The Greater Joliet Area YMCA will provide financial assistance to all qualified applicants based on the following criteria:

1. That applicants qualify for assistance based on income and size of family.
2. That approvals for membership assistance will be for a 6-month period and approvals for program assistance will be for one program session.
3. That applicants must fill out completely and accurately the application form and provide documentation to verify income (acceptable documentation is listed below)
4. That the amount of financial assistance being offered does not exceed the resources of the association to fund it.

Eligibility: Financial assistance is provided to applicants who meet minimum eligibility requirements which are set by the YMCA and reviewed annually. Both family size and annual income are considered when determining eligibility. All applicants will be required to submit documentation of income in order to be considered.

Sliding Fee Scale: The amount of assistance applicants qualify for is determined by a sliding fee scale which is reviewed annually and set to provide maximum assistance to individuals and families where there is the greatest need. Exceptions to the sliding fee scale can be made by the Vice President. The amount of financial assistance provided for on the scale is determined both by need and by the ability of the YMCA to fund it.

Confidentiality: All information given to the YMCA is confidential.

Procedure:

1. The financial assistance application must be filled out completely and accurately.
2. Applicants must provide documentation to verify income and/or need. The following statements of income are acceptable in this order:
 - a. Copy of most current tax statement 1040 form (if you filed taxes, this **MUST** be turned in)
 - b. Statement of income from Social Security Office
3. If applicant is requesting financial assistance for membership, a membership application must be filled out completely and accurately and submitted with the request.
4. All requests should be submitted to your branch. Please see the bottom of page 2 for contact and address information.
5. Your application will be reviewed and a determination will be made only after application is received as complete and necessary documentation provided.