

Mattoon Area Family YMCA/Neal Center YMCA

Membership for All Application

Our promise: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Select one (assistance for): New Membership Renewal of current Membership Programs Only

If applying for program only, please list the program(s) you plan to enroll for:

Have you previously received financial assistance from the Mattoon Area Family YMCA/Neal Center YMCA?

If applying for membership, which type?

Adult Family Single Parent Senior Senior Family College Teen/Youth (under 17)

If this is a renewal of your financial assistance, please share with us how the Y has impacted you and your family

Applicant Information

First Name _____ Last Name _____ DOB _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work _____

Email address _____

If this is a youth only membership list parent/guardian name

First _____ Last _____

Household Information

Adults (18 & over) living at above address _____ # Children (dependents of applicant) _____

Print name, date of birth, gender of all adults and children to be considered for this membership

_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____
_____	DOB _____	M/F _____



TOTAL HOUSEHOLD MONTHLY ITEMIZED INCOME

The Mattoon Area Family YMCA/Neal Center YMCA Membership for All is based upon the Federal Poverty Level Guidelines, number of dependents, and total gross household income (before deductions).

Applicant is required to list all that apply. If it does not apply, you must acknowledge the line by mark "does not apply"

Applicant's total wages, salary and tips if employed	\$_____ per month
Spouse's total wages, salary and tips if employed	\$_____ per month
Children (over 18) total wages, salary and tips if employed	\$_____ per month
Unemployment compensation	\$_____ per month
Social Security Benefits	\$_____ per month
Disability	\$_____ per month
SNAP/Food Stamps	\$_____ per month
Retirement/Pensions	\$_____ per month
Child Support	\$_____ per month
Alimony	\$_____ per month
Student Grants and Student Aid received	\$_____ per month
Other (family support, state or township subsidized funding, etc.)	\$_____ per month

Important: Income documentation must be provided as an attachment to this application. If there is zero income, no current income verification and/or lack of approved documentation of income, your application cannot be processed.

Other (life or medically-altering) circumstances may be considered in our review. (Written explanation required.)

The Mattoon Area Family YMCA/Neal Center YMCA believes a strong sense of ownership and pride is developed when every member contributes to the cost of his/her YMCA involvement.

What is the maximum monthly contribution you believe you can make toward your membership?
\$_____ per month

I certify that the information provided herein is true and accurate and agree to supply additional information if requested. I acknowledge it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application that might affect my eligibility for financial assistance. I understand that falsification of the information submitted will result in discontinuation of services provided. I further understand that failure to comply with the Mattoon Area Family YMCA policies can result in immediate termination of membership and/or program privileges.

Signature _____ Date _____

STAFF USE ONLY: Date processed _____ Annual income _____ Assistance % _____ Monthly \$ _____ Annual \$ _____ Approved by _____ Daxko notice _____
