

POLICY STATEMENT

Within the available resources of the Association, the Kitsap Family YMCA will provide services for any youth or adult who desires to participate at the YMCA regardless of their ability to pay full membership fees.

We are a non-profit agency and depend upon membership and program fees and volunteers to maintain our services to the community. We are committed to serve everyone regardless of their income. We do, however expect participants to pay a fee based on their financial ability. YMCA financial assistance may be awarded to applicants based upon the available resources of the Association. Qualifiers for Membership Assistance will make partial payments of normal membership rates. There are **NO FREE** memberships to the Kitsap Family YMCA.

ELIGIBILITY

Assistance will be granted on the basis of demonstrated financial need. Financial assistance is temporary. Recipients will be notified one (1) month prior to their financial assistance expiration date regarding re-evaluation. Re-evaluation is required for further financial assistance. If re-evaluation is not completed in a timely manner, fees will be adjusted to “normal” rate.

EXPECTATIONS OF MEMBERSHIP

1. If you decide to cancel your membership, you must notify the YMCA in writing at least prior to the 10th the month you wish cancel.
2. Your YMCA membership card(s) must be returned at the time of cancellation.
3. If the YMCA receives a Non Sufficient Funds (NSF) notification from your bank or a returned check, and this is not rectified in a timely manner, your membership will be terminated.
4. Your membership assistance is reviewed on a regular basis. If changes occur in your financial status, address, bank, etc. you must notify the YMCA.
5. Failure to respond to a review notification will result in the membership being adjusted to "**normal**" rate.
6. Each member on your account is expected to abide by the same policies and rules every member accepts when using the facility.
7. If your account becomes delinquent, your membership will be cancelled.
8. There is a charge for Childwatch usage. Childwatch fees are **NOT** adjusted for those on financial assistance.

MEMBERSHIP ASSISTANCE APPLICATION

PLEASE READ THIS APPLICATION CAREFULLY TO AVOID DELAYS IN PROCESSING
*Qualifiers for Membership Assistance will make partial payments of normal membership rates. There are **NO** free membership to the Kitsap Family YMCA.*

HOW TO APPLY Are you a current member? Yes No Barcode _____

1. Completed application form
2. A copy of your last Federal Income Tax Return (not a W2 Form) or reason for not providing

3. A copy of your last two (2) payroll stubs or reason for not providing

4. A copy of your most recent checking and/or saving bank statement or reason for not providing

5. Verification of household status (for additional adults on membership): drivers license, rental agreement, or a billing with a shared address.
6. Return to the YMCA in a **SEALED ENVELOPE**

Your application will be reviewed within 7 working days of submittal; after that date you may call the YMCA and check on the status of your application. Any questions? Contact Debi Booth @ 377-3741.

ALL MEMBERSHIPS MUST BE PAID BY MONTHLY BANK DRAFT OR ON AN ANNUAL BASIS.

Name: _____ Spouse's Name _____
(If applicable)

Address: _____ City: _____ ZIP: _____

Home Phone No: _____ Work Phone No: _____

APPLICANT MUST PRESENT PROOF OF THE FOLLOWING INCOME:

Gross (before taxes and deduction) Monthly Income for the following: **TOTAL HOUSEHOLD INCOME**

GROSS WAGES: _____ FOOD STAMPS: _____

PUBLIC ASSISTANCE: _____ CHILD SUPPORT: _____

DISABILITY PAYMENTS: _____ OTHER: _____

TOTAL GROSS MONTHLY INCOME (Total all of above): _____

CHECK THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING.

- | | | |
|---|---|--|
| <input type="checkbox"/> Youth (17 and under) | <input type="checkbox"/> Adult (18 and older) | <input type="checkbox"/> Senior (62 and older) |
| <input type="checkbox"/> Enlisted Military | <input type="checkbox"/> Family | <input type="checkbox"/> Senior Family |

LIST ALL IMMEDIATE FAMILY MEMBERS:

Note: Only youth dependents under 18 may be on your family membership. Dependents over 18 require proof of dependency. Check family members you want to include on your membership.

✓	NAME	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you file your Federal Income Taxes? Single? _____ Joint? _____ Other? _____

Are you under 17 and claimed as a dependant? Yes _____ No _____

Are you a guardian? Yes _____ No _____

Do you have a checking account? Yes _____ Balance \$ _____ No _____

Do you have a savings account? Yes _____ Balance \$ _____ No _____

STUDENTS

Are you currently attending school? Yes _____ No _____

If yes, where?

Full time? _____ Part time? _____ Number of Hours? _____

Are you receiving financial assistance? Yes _____ No _____

(If yes, please provide the following information)

Loan: \$ _____ Parent/Private Party: \$ _____

Grants: \$ _____ Work Study: \$ _____ Other: \$ _____



I attest that all the information provided is factual and all income is reported. I understand any information provided which is not accurate will result in the rejection of my application.

Applicant's Signature

Date