



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

Membership & Program Support Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Lake County YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Annual Giving Fund** the Lake County YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by each Y location in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive membership or program support. Y members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



PLEASE NOTE

- Support from our Annual Giving Fund reduces membership and program fees; it does not eliminate them.
- All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Members and program participants are welcome to re-verify their income in the event of an annual rate increase.

The Y reserves the right to request additional information when necessary.

Please contact your Y if you have any questions.

lakecountyyymca.org

Membership & Program Support Application

1 APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

If an applicant is under 18: Parent's or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult _____ DOB _____

Parent/Guardian/Adult _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Child _____ DOB _____

Other dependent(s) _____ Age(s) _____

3 I AM APPLYING FOR

Check the category for which you are applying

- YOUTH (ages 3-17)
- 2 YOUTH (ages 3-17)
- ADULT (ages 30-64)
- YOUNG ADULT (ages 18-29)
- SENIOR (ages 65 & up)
- 2 SENIOR
- FAMILY
- 2 PERSON FAMILY

4 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

I FILED FEDERAL TAXES FOR LAST YEAR

- 1040 Federal Tax Form(s) for all incomes in household
- My income has changed since my last 1040.

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income:

- Child Support \$ _____ x 12 = _____
- Employment \$ _____ x 12 = _____
- Food Stamps \$ _____ x 12 = _____
- Ohio Works \$ _____ x 12 = _____
- Retirements \$ _____ x 12 = _____
- Social Security \$ _____ x 12 = _____
- Spousal Support \$ _____ x 12 = _____
- Unemployment \$ _____ x 12 = _____
- Other \$ _____ x 12 = _____

Find Ohio Department of Job and Family services documents you may need to provide online at odjfsbenefits.ohio.gov

Total income \$ _____ x 12 _____

I CERTIFY that 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 subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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Signature of person completing this form _____

Date _____

Bring all applicable financial documents to the Lake County YMCA nearest you for verification.

FOR MEMBERSHIP STAFF USE Date _____

You met with enrollment specialist: _____ Amount awarded _____%

You have been pre-approved for a **monthly rate** of \$ _____ **plus tax** with an **enrollment fee** of \$ _____ **plus tax**.

Date survey completed _____ This pre-approval is valid for 60 days and subject to verification.