

SOUTH SHORE YMCA MEMBERSHIP FOR ALL – FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE POLICIES & PROCEDURES

Financial assistance is made possible by charitable contributions from our Y community and Y members through our Annual Campaign. It is the policy of the South Shore YMCA to provide services to our community members regardless of their ability to pay. While the YMCA sets fees at rates affordable to the majority of residents in our service areas, financial assistance is available to those who cannot afford the fees. Assistance is awarded based on each applicant's ability to pay and the funds available.

ELIGIBILITY

Financial assistance will be granted based on the need demonstrated by household income and/or extenuating circumstances. Applicants are required to pay a portion of the program fee for which they are requesting assistance. This contribution demonstrates both a desire and a commitment to participate.

TRUST & VERIFY MEMBERSHIP PROCESS

1. A 30-day TRUST and VERIFY membership will be activated immediately upon filling out the membership application.
2. Required documentation must be submitted our Y Membership Staff team within 21 days of application date.
 - Attach a copy of your most recent 1040 Federal Tax return (first 2 pages) or if self-employed, Schedule C.
 - If, and only if, you are not legally obligated to file taxes, please provide the following documents to verify income:
 - A copy of your most recent bank statement(s) including the deposits page
 - One month's worth of pay stub(s) for all current jobs
 - Letter from employer stating rate and frequency of pay
 - Statements for all government assistance received (i.e. TAFDC, SSI, DTA, child support, alimony, etc.)
3. Your application will be reviewed, and financial assistance award letter will be mailed within 2 weeks of receipt of documentation. New members who do not turn in a complete application/documentation within 21 days will revert to the full price monthly dues.
4. Financial assistance awards are effective for one year from the date on your Membership Financial Assistance Award Letter. Feel free to reapply and provide an updated Financial Assistance Application and income verification. You'll receive a reminder when your award is close to expiring from our Membership Director.

MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

TODAY'S DATE _____ / _____ / _____	BRANCH <input type="checkbox"/> Emilson YMCA <input type="checkbox"/> Quincy YMCA
PRIMARY MEMBER NAME _____	BIRTHDATE _____ / _____ / _____
EMAIL _____	GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified
HOME PHONE _____ CELL _____	WORK _____
EMPLOYER _____	TITLE _____

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE AT THE SOUTH SHORE Y BEFORE? YES NO

TOTAL ESTIMATED ANNUAL GROSS INCOME FOR HOUSEHOLD: \$ _____

PLEASE DETAIL ANY SPECIAL/EXTENUATING CIRCUMSTANCES YOU WOULD LIKE TO INCLUDE FOR CONSIDERATION:

I ATTEST THAT ALL OF THE INFORMATION PROVIDED IS TRUE:

Signature _____

Date _____