

ALWAYS WELCOME AT THE



A Y FOR ALL COMMUNITY MEMBERS

Everyone belongs at the Y, regardless of their ability to pay. We are committed to ensuring every community member, has access to our Ys. Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign — 100% of donations made to the Y help support kids, adults, and families in our communities - and through funding provided by the Fremont Area United Way.

HOW IS THE FINANCIAL ASSISTANCE AMOUNT DETERMINED?

- Fees are based on the gross income you provide us when you join.
- You must provide income documentation verifying monthly gross income.
- Examples include
 - Recently filed federal taxes
 - Two recent paystubs
 - Government assistance

HOW DO I APPLY?

1. Complete the application on the back page and return it to the Fremont Family YMCA's front desk.
2. Submit copies of any applicable documents with application.

QUESTIONS?

Feel free to contact the Fremont Family YMCA @ [402-721-6952](tel:402-721-6952)

Come into the Y and stop by the [front desk](#)

Email Membership Manager @ danielleb@fremontfamilyymca.org



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APPLICANT INFORMATION

Name		
DOB	/	/
Phone ()		
Address		
City	Zip	
State		
Email		

ALL PERSONS LIVING IN THIS HOUSEHOLD

Type	First Name	Last Name	DOB
Adult			
Adult			
Child			
Child			
Child			
Child			
Child			

I AM APPLYING FOR...

YOUTH

YOUNG ADULT

ADULT

COUPLE

HOUSEHOLD

1 ADULT HOUSEHOLD

3 ADULT HOUSEHOLD

ACTIVE ODER ADULT

AOA COUPLE

PROGRAM ASSISTANCE ONLY

ADDITIONAL INFORMATION

Use this space to include additional information or explain circumstances that were not included on this application. If you need space, attach additional paper.

SUPPORTING THE Y

Financial assistance is made possible through the generosity of donors, in a effort to support the Y are you willing to share your YMCA story to help the Y's fundraising campaign



YES



NO

FINANCIAL INFORMATION

To qualify for assistance, please attached a copy of One of the following documents:



RECENTLY FILED FEDERAL TAXES

(1040 Federal Tax Forms for all income in household)



TWO RECENT PAYSTUBS

(Per working adult in household)



GOVERNMENT ASSISTANCE

(Showing most recent 30 days of income)

My annual monthly salary (line 11 on 1040)

divided by 12 months

\$

2nd Adult monthly salary

\$

I am currently receiving the following assistance. Enter amount or YES.

Child Support

\$

Unemployment

\$

EBT or Food Stamps

\$

Reduced Lunch Program

\$

Medicaid NTC, Molina ,Silver

Sneakers, Renew Active

\$

Other: _____

\$

YEARLY RENEWAL

I certify that the information listed on this form is correct to the best of my knowledge. I agree to notify the Y if my financial situation changes within 30 days. I understand to maintain my financial aid I have to resubmit information once a year.

SIGNATURE OF MEMBER

DATE

STAFF COMPLETION REQUIRED

\$ _____ + \$ _____ = \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME TOTAL ANNUAL "OTHER" INCOME ANNUAL GROSS INCOME

FOR STAFF USE ONLY

AWARD GIVEN

JOINING TODAY FOR \$ _____/MONTH

STAFF INITIALS

DATE

STAFF VIEWED PROOF OF INCOME

YES

NO