



Dear Legacy Applicant,

The YMCA of High Point wants to make our YMCA branches and programs available to all those who need financial assistance to participate.

In order to assure the integrity of the program and to our donors, we must ask for personal information that will be handled privately, securely and confidentially.

You will need to complete a YMCA Membership Application (even if you are already a member), any necessary program applications as well as a Legacy Assistance Application. All sections must be completed and copies of the required information must accompany the above mentioned forms at the time of application or you will not be eligible for assistance until they are completed. You must be a resident within our service area as established by the YMCA of the USA (High Point, Archdale, Trinity and designated areas in Davidson and Randolph counties).

You may only apply for Membership financial assistance or Program financial assistance. You can not request assistance for both. Financial Assistance is not guaranteed because of application but is dependent on funds available and openings in membership or the program. Financial Assistance for membership or programs can be no more than 40%. If applying for Program Financial Assistance, please be sure to include a completed program application along with the membership application and financial assistance application.

You should have to wait no longer than 3 business days to receive communication from the YMCA that your application has been received. At that time you will be informed as to how long the process may take in order for you to become a member or program participant and/or informed of any missing documentation. If you have an email address, we typically correspond with email. Depending on the number of applications and amount of staff time dedicated to this program a decision on your application should be made within 2 weeks.

If approved for financial assistance, the applicant and anyone in the family that has been approved for assistance must come in to the YMCA and complete the process which includes a tour of the facility, having a picture taken and if necessary a Y card made.

- Your approved application is active for 30 days. You must accept the award within 30 days.
- If after 30 days you have chosen not to accept the award, the application is marked as inactive and notations made that you did not complete the application process as stated in the letter you received.

Legacy Financial Assistance will be awarded on a semi-annual basis. Applicants will be reviewed at each renewal date and will need to update application and information. The assistance can be revised and changed as necessary.

Sincerely,

Ronald L. Austin
CEO

Attachments: Membership Application
Legacy Application



YMCA of High Point Inc.
Financial Assistance Application

It is the policy of the YMCA of High Point, Inc. to offer membership and program participation to all people who desire to experience the life-changing services provided through our organization. People who are not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated ability pay. Assistance may be limited by the resources available at the time the application is processed. Applying for financial assistance is completely confidential.

| | |
|----------------------------------|---------------|
| Office Use Only | |
| Date Received: ____/____/____ | BR: ____ |
| Last Name: _____ | |
| Member #: _____ | |
| MBR PG: ____% | PRG PG: ____% |
| Next Review Date: ____/____/____ | |

| | | | |
|---------------------------|---------------------|---------------------------|------------------------------------|
| First Name _____ | Middle Name _____ | Last Name _____ | Application Date ____/____/____ |
| Street Address _____ | | City/State/Zip Code _____ | Phone Number _____ |
| Birth Date ____/____/____ | Email Address _____ | | Cell Number (____) _____ |

Is this your first application for financial assistance at the High Point YMCA? Yes No
 If No, are you completing this application at our request to review your eligibility? Yes No

Are you currently a YMCA member? Yes No
 If No, you **must** complete a YMCA Membership Application to turn in along with this application

I am applying for assistance for the following: Membership **OR** Programs

If applying for membership assistance, please indicate the membership category you are applying for (check only one)*:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Teen (13-17 years) | <input type="checkbox"/> 1 Adult (26-64 years) | <input type="checkbox"/> 1 Adult plus dependents |
| <input type="checkbox"/> 1 Young Adult/College Student (18-25 years) | <input type="checkbox"/> 1 Senior (65 & over) | <input type="checkbox"/> 2 Adults plus dependents |

Ethnicity for United Way purposes:

- | | | |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> White | <input type="checkbox"/> Other |

*If you are a current member and you need to add or delete adults or dependents that are listed on your membership, please complete a Membership Information Change Form and submit it along with this application.

REQUIRED INCOME DOCUMENTATION

The following documents must be attached to all applications **without exception**. **Originals will not be accepted**. Copies must be provided. Documents will not be returned. Please mark out the Social Security number prior to submitting documentation.

ALL APPLICANTS MUST PROVIDE:

TAX RETURN

- **Current year Income Tax Return, Form 1040 or 1040EZ**, as filed with the Internal Revenue Service (IRS), if self-employed attaché Schedule C. **First six (6) pages**.
- If taxes were NOT filed, then a letter from the IRS indicating such is required.
 - IRS can be contacted at 1-800-829-1040
- **Last W2's from all places of employment for each wage earner**
- If self-employed add back in Line 9 (car/truck expense) and Line 30 (home office expense) to Line 31 –net profit (loss).

ALL OF THE FOLLOWING THAT APPLY

- **Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income**
 - If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company letterhead
- **Documentation of any of the following benefits:**
 - Social Security, unemployment, disability, Green/Gold checks, retirement, pension, Welfare, Food Stamps, Section 8, TANF (Temporary Assistance to Needy Families)
- W7 Form as provided to IRS
- **Documentation of dependents not listed on tax return:**
 - Medicaid cards, custody agreement, school registration, letter from Social Services for foster children

STUDENTS

In addition to the required income documentation listed above, we ask that you provide:

- Current registration and class schedule, dated student ID or acceptance letter
- Federal Pell Grant, FSEOG Grant, Federal Work-Study, Perkins Loan, Stafford Loan, Direct Plus Loan statements and/or any other scholarship award letters

Dependent Students:

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered to be a dependent student if any of the following applies:

- Claimed by parent(s) on their income tax return

Independent Students:

You may apply for financial assistance on your own and will be considered an independent student if any of the following applies:

- Are over the age of 24
- Married at the time of the application
- Have dependents who live with you
- Parents are deceased
- Are a Veteran of the United States Armed Forces

Foreign Students:

- Accept Certificate of Visa Eligibility for Non-Immigrant (F-1) Student Status, Form I-20
- Accept Certificate of Eligibility for Non-Immigrant (J-1) Exchange Visitor Status, Form DS-2019

INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are to be kept confidential, as they are specific to your circumstances. Please list income and expenses for all adult wage earners living at the address. Complete all sections. Incomplete applications will result in a delay of financial assistance award.

If applying for individual membership, please list all income as filed with the IRS and expenses. (If married and applying for individual membership, income must include that of individual and spouse.) If applying for joint membership, please list income and expenses for all adult wage earners.

Do you share expenses with anyone else living at your address? Yes No Total number of people living at address _____

How much can you pay monthly for membership OR how much of the program fee can you pay?

| INCOME (Monthly) | Applicant | Adult Wage Earner | Adult Wage Earner | Adult Wage Earner |
|--|-----------|-------------------|-------------------|-------------------|
| Full Name: | _____ | _____ | _____ | _____ |
| Gross Income | \$ | \$ | \$ | \$ |
| Child Support (receiving) (provide documentation) | \$ | \$ | \$ | \$ |
| Alimony (receiving) | \$ | \$ | \$ | \$ |
| Aid to Dependent Child(ren) | \$ | \$ | \$ | \$ |
| SSI, Retirement, Welfare, etc | \$ | \$ | \$ | \$ |
| Food Stamps | \$ | \$ | \$ | \$ |
| Other (please explain) | \$ | \$ | \$ | \$ |
| Total Monthly Gross Income | \$ | \$ | \$ | \$ |
| Total Annual Gross Income | \$ | \$ | \$ | \$ |
| EXPENSES (Monthly) | | | | |
| Rent / Mortgage (circle one) | \$ | \$ | \$ | \$ |
| Utilities (total) | \$ | \$ | \$ | \$ |
| Groceries (in addition to food stamps) | \$ | \$ | \$ | \$ |
| Telephone (listed in your name) | \$ | \$ | \$ | \$ |
| Vehicle Payment (monthly) | \$ | \$ | \$ | \$ |
| Vehicle Insurance (monthly) | \$ | \$ | \$ | \$ |
| Medical/Dental Expenses (not covered by insurance) | \$ | \$ | \$ | \$ |
| Tuition/College Loans (must provide documentation) | \$ | \$ | \$ | \$ |
| Child Support (paying) | \$ | \$ | \$ | \$ |
| Alimony (paying) | \$ | \$ | \$ | \$ |
| Child Care | \$ | \$ | \$ | \$ |
| Total Monthly Expenses | \$ | \$ | \$ | \$ |

SPECIAL CIRCUMSTANCES

List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet, if necessary. Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

HOW DID YOU HEAR OF ASSISTANCE?

Please assist us with our efforts to communicate the availability of our Financial Assistance program by checking how you learned of our program:

- Advertisement
- Referred by YMCA staff member
- Medical Referral Program
- I am a Program Member
- Corporate Referral
- I am a former member
- Referred by YMCA member
- Drive/Walk by
- Internet
- Word of Mouth

VERIFICATION AND AUTHORIZATION

In accordance with the character values of faith, honesty, respect, caring and responsibility, I verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category, covered individuals and documentation of income and expenses for all adult wage earners.

Primary Applicant's Signature: _____ Date _____