



Fergus Falls Area Family YMCA
1164 N. Friberg Avenue
Fergus Falls, MN 56537
(218) 739-4489

Financial Assistance

The Fergus Falls Area Family YMCA is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities. The YMCA serves people of all ages, backgrounds, abilities and incomes. Founded and supported by its community, the YMCA wants all of its programs and services to be accessible to everyone in the community. That's why the Fergus Falls Area Family YMCA offers Financial Assistance.

What is Financial Assistance?

Exactly what it suggests-its Financial Assistance to the YMCA? The Financial Assistance program is an income-based rate scale that is designed so that all people will have access to the programs and services of the YMCA, regardless of income. The Scholarship program (Financial Assistance) is a partnership between the United Way and the YMCA. The United Way grants money to the YMCA each year to assist individuals or families with their membership and the YMCA raises funds through the Cliff and Doris Maxwell Annual Giving Campaign to also assist these individuals and families with their membership.

The Financial Assistance program has been developed for individuals or families in what would be considered a crisis situation. A "crisis situation" would include: a disability, medical referral, rehabilitation, a family situation, extremely low income or any other special circumstance where assistance is needed.

What will I have to pay?

All assistance is based on a sliding scale that takes into consideration your gross household income, number of dependants and living expenses. Everyone is asked to pay a portion of the membership fees. Additional fees for programs or service are the individual or families' responsibility.

How do I apply for assistance?

The first step to acquiring assistance is to fill out the application, which is included in this information packet. We require that all applicants submit verification of their income with the completed application. Completed application may be submitted to the Fergus Falls Area Family YMCA.

Who do I contact if I have questions?

Membership Director- 218-739-4489, Ext 12



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Financial Assistance Policies

All Applicants **MUST** read & sign below to be eligible for YMCA Financial Assistance

1. All applicants are expected to exhibit the YMCA core values of Caring, Honesty, Respect and Responsibility during the application process and after becoming a member or program participant at the Fergus Falls Area Family YMCA. Applicants who are disrespectful, dishonest or in other ways compromise these values give up their right to YMCA Financial Assistance.
2. Within the available resources of the Fergus Falls Area Family YMCA, we will attempt to provide services for any youth, senior, adult, household or family who desires to participate in the YMCA, regardless of the person's ability to pay the entire fee for these services. Those unable to pay the full fee may receive financial assistance based on their income and the YMCA's available funding.
3. Since a limited amount of funds available, priority will be given to those participants with the greatest need. The financial assistance program is designed to aid those in a "crisis situation". Examples of a crisis situation include: a disability, a medical referral, rehabilitation, single-parent household or other family situation, extremely low income, or any other special circumstance where assistance is needed.
4. The YMCA believes in establishing a sense of ownership in one's involvement in the YMCA therefore, applicants will always be asked to pay a portion of the membership fee. This fee must be paid prior to program or membership participation. Fees for classes are the applicant's responsibility.
5. Financial assistance will be based on a sliding scale that takes total household income, living expenses, and the number of household dependants into consideration. Escorts will be allowed access at no charge when accompanying members with disabilities. Please note on the application if you or a family member will bring an escort to the YMCA.
6. The YMCA realizes that individuals, families and households may sometimes experience unexpected, temporary situations or hardships that affect one's ability to pay. If your tax return or pay stub does not truly indicate your hardship, please include a letter stating your particular hardship.
7. Applicants **MUST** provide accurate and current income verification as listed on the application. Applications received without this information will be returned for completion.
8. Applicants must notify the YMCA of any changes in address or telephone number in a timely manner. It is solely the member's responsibility to notify the YMCA of address changes. The YMCA uses the current address on file for all official communications.
9. One may lose his/her financial assistance if the recipient drops his or her membership, if participant fails to provide income verification information when requested, if person does not provide accurate information, or does not exhibit YMCA Core Values. Most memberships are on an annual base and are not automatically renewed. If a recipient fails to make payment or communicate with Membership Director and work out a different payment plan, a \$50 rejoiner fee will be applied. This \$50 rejoiner fee must be paid before future consideration is given for financial assistance.
10. Participants who are involved in disciplinary problems with members and/or staff, or deface property will be terminated as members immediately and not allowed to return for a period of time determined by the Executive Director or appointed designee. All terminations decisions relative to disciplinary problems are final.

I understand and agree to all requirements of the Fergus Falls Area Family YMCA Financial Assistance Program.

Printed Name _____
 Signature _____ Date _____



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Financial Assistance Request Form

The YMCA is non-profit association offering opportunities for personal growth and service to others. Within our available resources, we will make every effort to accommodate all who wish a membership in the YMCA. No one will be turned away solely due to a proven inability to pay. If you would like to be considered for financial assistance, please complete this form and return with a copy of current income verification as listed below and signed policy sheet.

Applying for what type of Membership _____

Have you received financial assistance from the Fergus Falls Area Family YMCA before: ___ Yes ___
 No?

Applicant Name: _____ Birthdate _____ Sex _____

Address _____ City/State _____ Zip _____

Home Phone _____ Employer _____

Work Phone _____ Student: ___ Full-time ___ Part Time ___ Not applicable

Spouse/2nd Adult: _____ Birthdate _____ Sex _____

Address _____ City/State _____ Zip _____

Home Phone _____ Employer _____

Work Phone _____ Student: ___ Full-time ___ Part Time ___ Not applicable

List All Dependants: Relationship Birthdate Sex School/College Attending

Please list any family members who will require an escort due to disabilities: _____

Do you have health insurance? Yes (self) ___ Yes (Family) ___ No ___

Please list any special circumstances that contribute to your request for financial assistance.
 (medical condition, disability, unemployment, etc). _____

Required Information for Applicant & Spouse/2nd Adult

<u>Gross Monthly</u>	<u>Applicant</u>	<u>Spouse/2nd Adult</u>
Salary/Wages	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
SSI/SSDI	\$ _____	\$ _____
State/Federal Aid	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
School/Loans/Grants	\$ _____	\$ _____
Total Monthly Gross Income	\$ _____	\$ _____

If your tax return or pay stub does not truly indicate your current situation, please include a letter stating your particular hardship.

Please list your monthly living expenses:

Food	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Rent/Mortgage	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Phone/Cell	\$ _____	\$ _____
Car Payments	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Medical	\$ _____	\$ _____
Cable TV/Other	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____

What is the dollar amount that you are willing or able to pay each month for a membership? _____

Required Documentations: Information must be Current

Please submit your completed application and proof of income including:

- Federal income tax form 1040 or proof of non-filing
- Two most current paycheck stubs, unemployment check stubs, disability statements or Social Security statements.
- If your tax return or pay stub does not truly indicate your current situation, please include a letter stating your particular hardship.
- Government assistance verification (food stamps, foster care assistance, etc.)
- Other assistance verification (child support, alimony, student loans/grants, etc.)

I certify that all the above information is true and complete to the best of my knowledge.

Signed: _____ Date _____

Please allow a minimum of two weeks for this application to be processed and approved (or denied) by the YMCA. You will be contacted via mail (letter) if application is approved or denied.

For Office Use Only:

Approval Date: _____ Type of Membership: _____

Payment Level: \$ _____ **Expiration Date:** _____

Staff Signature: _____ Date: _____