



HERE FOR ALL

The Family YMCA of Southeast Mississippi
Membership & Program Financial Assistance

**APPLY FOR
FINANCIAL
ASSISTANCE
TODAY!**

**Get Up To 50% Off
Membership &
Programs!**



Please contact
The Family Y
601-583-4000
or
Petal Family Y
601-583-9399
if you have any
questions.

COMMITTED TO OUR CAUSE

The Family YMCA of Southeast Mississippi

Membership & Program Financial Assistance

THE ESSENCE OF THE Y

The Family YMCA of Southeast MS wants to nurture the potential of our youth, promote healthy living and foster a sense of social responsibility within our community. We strive to ensure that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y's Financial Assistance program, which is supported by generous donations to our campaign for youth and families, helps to provide assistance to youth, adults and families based on individual needs and circumstances every year.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by the Y in a fair and consistent manner. Every member receives the same membership benefits, regardless of whether or not they receive membership or program support. Everyone 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.

**Apply Today!
Up To 50% Off
Membership &
Programs!**



PLEASE NOTE

- Support from our Financial Assistance Program reduces membership and program fees; it does not eliminate them.
- Membership and program fees are subject to change upon annual review.
- If you find that you are no longer in need of The Family YMCA of Southeast MS services or assistance, we ask that you let us know in order for us to reallocate the funds to another family in need.
- Applicants must notify the YMCA within 10 days if there is a change in employment, income, or household status.
- Applications will be processed in 7 to 10 business days.
- To begin the process of receiving support, you will need to complete the Financial Assistance Application and provide the needed documents. You will be contacted for additional information if necessary or to grant approval of assistance.
- Memberships or program registration must begin within 60 days of approval. Additional requested document must be provided within this time frame or you will need to reapply for assistance.





The Family YMCA of Southeast Mississippi

MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

1. APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____

DOB: _____ Gender: _____

Race/Ethnicity: _____

Email: _____

Emergency Contact*: *Other Than Those Listed On Membership.

Name: _____

Phone Number: _____

2. HOUSEHOLD MEMBERS:

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

Name: _____ DOB: _____

Gender: _____ Race/Ethnicity: _____

Relationship: _____

3. I'M APPLYING FOR: (Circle All That Apply)

MEMBERSHIP

ADULT \$46 (Age 18-61)

ADULT PLUS CHILDREN \$52

2 ADULTS \$63

2 ADULTS PLUS CHILDREN \$73

SENIOR \$39 (Age 62+)

SENIOR COUPLE \$57 (One Person Must Be 62+)

SWIM LESSONS

YOUTH SPORTS (Soccer, Cheer, Flag Football)

OTHER PROGRAMS (Subject To Availability) List Below:

AFTERSCHOOL

SUMMER CAMP

PROGRAMS / CHILD CARE

Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Mississippi Department of Human Services(MDHS) assistance will be asked to apply with the State prior to approval for YMCA assistance. If denied services from the State, your family must present a denial letter from MDHS with completed YMCA assistance application and all required documentation. All adults must be employed to receive childcare assistance.

4. TELL US YOUR STORY:

We want to hear your story! Please tell us why you and your family is applying for Financial Assistance with The Family YMCA of Southeast MS. We want to know what circumstances have brought you to us and how you would benefit from our services. Thank you for choosing The Family Y.

May We Use Your Story? Yes No
(No Names Will Be Used)



The Family YMCA of Southeast Mississippi

MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

5. Documents Required for Eligibility Determination:

Verification of Household Income must include all adults, whether they choose to be on the membership or not.

- Two most recent paycheck stubs (If starting a new job: an original statement from employer on company letterhead. Statement must include employees start date, number of hours worked per week, hourly wages, and how often the employee is paid. An actual check stub must be submitted within 30 days.)
- Federal Income Tax Return from the most recent year.
- Verification of any other income, such as: SSI, alimony, child support, disability, food stamps, housing assistance, educational grants, educational loans, educational scholarships, TANF, etc.
- Most recent utility bill as proof of residence (gas, electric, water)
- Present Social Security card or birth certificate for applicant and all others living in the household.

6. HOUSEHOLD FINANCES:

Subjective factors such as recent loss of employment, healthcare issues or other extenuating circumstances are also considered with substantiating documentation. If desired, a meeting can be scheduled with a financial assistance representative. All discussions and paperwork are kept confidential.

INCOME:		EXPENSES:	
\$ _____	: 1 ST Adult's Monthly Gross Income	\$ _____	: Monthly Mortgage/Rent
\$ _____	: 2 ND Adult's Monthly Gross Income	\$ _____	: Utilities
\$ _____	: Add. Adult's Monthly Gross Income	\$ _____	: Food
\$ _____	: Alimony/Child Support	\$ _____	: Credit Cards
\$ _____	: Social Security/Disability	\$ _____	: Medical
\$ _____	: Unemployment	\$ _____	: Car
\$ _____	: Pensions & Annuities	\$ _____	: Student Loans
\$ _____	: Food Stamps Or Other Income	\$ _____	: Other Expenses
_____	: TOTAL MONTHLY INCOME	\$ _____	: TOTAL MONTHLY EXPENSES

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income no 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 The Family YMCA of Southeast MS 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.

7. Please read all information contained in this application carefully:

Signature of Applicant _____ Date _____

Staff Signature: _____ Date: _____



The Family YMCA of Southeast Mississippi

MEMBERSHIP & PROGRAM FINANCIAL ASSISTANCE APPLICATION

APPLICANT:

Please mark which of the following documents have been attached to this application:

DOCUMENT	YES	NO	N/A
Which Of The Following Income Documents Are You Turning In For Each Adult In The Home?			
Last 60 Days Of Pay Stubs From Current Employer			
Unemployment Benefits Statement			
Social Security/Disability Benefits Statement			
SNAP/TANF			
Child Support &/or Alimony			
Housing Assistance			
Student Loans			
Pensions & Annuities			
Additional Sources Of Income (Please List)			
MDHS Denial Letter (Only Applies To Child Care Financial Assistance)			

STAFF USE ONLY:

Date Received: _____ Received By: _____

Membership Application (Director Use Only)

Date Received	Received By	Reviewed By	Date	Discounted Monthly Fee or %	Length Of Membership	CEO Approval

Program Request (Director Use Only)

Date Received	Received By	Reviewed By	Date	Discounted Program/CCare Fee or %	Length Of Program/CldCare	CEO Approval

Child Care (Afterschool/Summer Camp) Request (Director Use Only)

Families seeking Financial Assistance for Child Care programs who meet the criteria to be eligible for Child Care State assistance in Mississippi will be asked to apply with the State prior to approval for YMCA scholarship. If denied services from the State, your family must present a denial letter from the MS Department of Human Services with completed scholarship application.

Date Received	Received By	Reviewed By	Date	Discounted Child Care Fee or %	Length Of Child Care	CEO Approval

Notes:
