



# YMCA of Southwest Illinois

## Membership For All

The YMCA of Southwest Illinois offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters, our Partner with Youth Strong Kids Campaign and the United Way, the YMCA is accessible to everyone in the community through the Membership for All financial assistance program. All records are kept confidential. Assistance is available for YMCA programs and membership. A sliding scale is used to determine how much assistance is awarded.

**Cahokia Area  
YMCA  
618-337-2217**

**Collinsville  
Maryville Troy  
YMCA  
618-346-5600**

**Downtown  
Belleville  
YMCA  
618-233-1243**

**East Belleville  
YMCA  
618-236-9983**

**Monroe County  
YMCA  
618-281-9622**

**O'Fallon  
YMCA  
618-628-7701**

**Outdoor Center  
YMCA  
618-233-1243**

**Red Bud  
YMCA  
618-282-9622**

**YMCA Mission**  
To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

### INCOME & DEPENDENT VERIFICATION GUIDELINES...

Financial assistance applicants must provide the following verification (copies only please):

*\* All sources of household income records must be provided.*

1. Most recent income tax return (Not W-2 Forms)
2. Last two paycheck stubs
3. Documentation of dependents if they are not listed on your tax return.

Applications that do not include the required financial verification will not be considered.

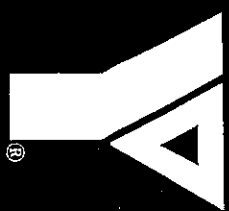
### EXCEPTIONS TO ABOVE AS FOLLOWS:

1. Government Assistance: Notice of Decision (with names of eligible person(s) and total income including food stamps).
2. Social Security Disability: Letter from Social Security office or Notice of Decision stating the monthly benefit amount. This often needs to be accompanied by government assistance income as applicable.
3. Unemployed: Notification of eligible benefits from unemployment office. Federal tax return will still be needed as unemployment is a taxable income.
4. Full-time college student: Letter from registrar's office indicating a full-time student status, accompanied by a detailed listing of loans for the current school year, if applicable.
5. Please see Welcome Center staff if your income falls under different criteria as stated above.

### HOW TO APPLY FOR FINANCIAL ASSISTANCE...

- ⇒ Completely fill out Membership For All application.
- ⇒ Turn in application, financial and dependent verification to the YMCA Welcome Center.
- ⇒ Your application will not be accepted unless required verification is submitted in its entirety.
- ⇒ Applicants will receive a one week membership pass during the application review period.
- ⇒ Applicants will be notified of the decision with 7 business days of applying by phone or mail.
- ⇒ Approved applications will be kept on file for 30 days. All unclaimed applications will be considered void and the applicant will need to reapply.
- ⇒ Information must be submitted on an annual basis. A change in income or situation may result in an adjustment in your financial assistance award. At the six month point a statement of how the YMCA membership is affecting you and your family is required.
- ⇒ All renewals (one year from date of application) will be handled as new memberships and should follow the same guidelines.
- ⇒ After approval documentation will be shredded unless a request for return has been made.
- ⇒ If you have extenuating circumstances that you wish to explain please attach a letter.
- ⇒ If you miss more than three months payments you must re-apply.

Visit [www.ymcaswil.org](http://www.ymcaswil.org) for more information.



# Membership For All — Application Form

-CONFIDENTIAL-

**Please Print:**  
 First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Email Address \_\_\_\_\_

What branch are you applying at?  
 Cahokia \_\_\_\_\_ CMT \_\_\_\_\_ DOWNTOWN \_\_\_\_\_  
 East Belleville \_\_\_\_\_ Monroe \_\_\_\_\_  
 O'Fallon \_\_\_\_\_ Red Bud \_\_\_\_\_

Have you previously received financial assistance from the YMCA of Southwest Illinois? Yes \_\_\_ No \_\_\_  
 If yes, which branch? \_\_\_\_\_ Is this a renewal application? Yes \_\_\_ No \_\_\_

### Please list dependents if applying for a household membership

Spouse \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Dependent \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Dependent \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Dependent \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
 Dependent \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

\* For more dependents please attach an additional application.  
 What type of membership are you applying for: \*skip if you are applying for a program only  
 Adult \_\_\_ Household \_\_\_ Single Parent Household \_\_\_ Youth \_\_\_ Senior \_\_\_ Senior Couple

What programs would you like assistance with:  
 Aquatics \_\_\_ Adult programs \_\_\_ Youth sports \_\_\_ School Aged Child Care \_\_\_ N/A  
 Summer camps \_\_\_ Family programs \_\_\_ Teen programs \_\_\_ Other \_\_\_\_\_

How much can you afford to pay? For membership (per month) \_\_\_\_\_ Per program \_\_\_\_\_

### Please check the reason you are applying for financial assistance:

Limited Income \_\_\_ Loss of Job \_\_\_ Medical Bills \_\_\_ Divorce \_\_\_ Other, please specify: \_\_\_\_\_

Financial Information:		Expenses	
Income	Monthly Gross Paycheck	Monthly Mortgage/Rent	\$ _____
\$ _____	Spouse's Gross Paycheck	Utilities & Food	\$ _____
\$ _____	Alimony/Child Support	Credit Cards	\$ _____
\$ _____	Social Security	Child Care	\$ _____
\$ _____	Unemployment	Medical	\$ _____
\$ _____	Pensions & Annuities	Car/Student Loans	\$ _____
\$ _____	Food Stamps or Other Income	Other _____	\$ _____
\$ _____	Total Monthly Income	Total Monthly Expenses	\$ _____

Please explain the circumstances that are requiring you to request assistance.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Please attach a letter if more room is needed.

The Partner with Youth Strong Kids Campaign and the United Way allow the YMCA of Southwest Illinois to not turn anyone away due to the inability to pay. Financial assistance will be granted to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income must be provided before the application can be approved.  
 By my signature I am requesting assistance and I certify that all information provided is correct.



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