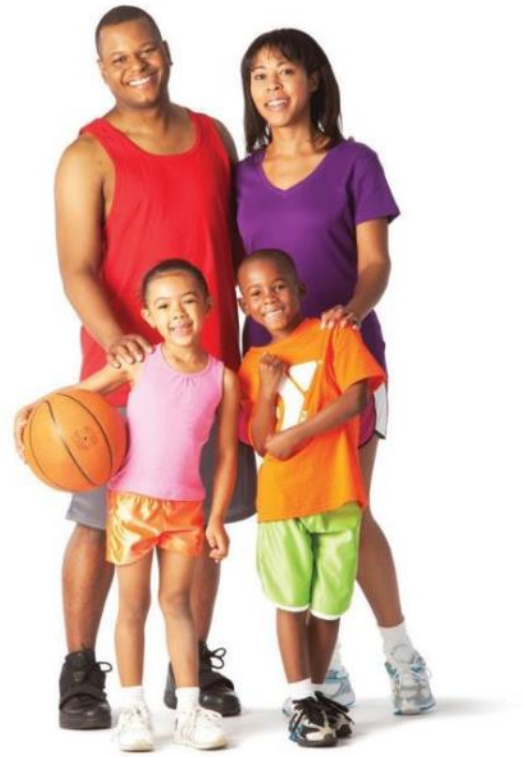




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



MY Y PRICING

Membership & Program Support Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Southern Prairie YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our **Annual Campaign**, the Y provides need-based assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

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

Number of Members in the Household (Percent YMCA Annual Campaign Funds will pay for)

Family Income	1	2	3	4	5+
\$0 - \$14,299	50%	55%	60%	65%	65%
\$14,300 - \$20,899	40%	50%	55%	60%	65%
\$20,900 - \$27,499	30%	40%	50%	60%	65%
\$27,500 - \$36,299	10%	25%	35%	50%	60%
\$36,300 - \$41,799	0%	20%	40%	45%	55%
\$41,800 - \$54,999	0%	0%	25%	40%	50%
\$55,000 - \$59,999	0%	0%	20%	30%	40%

PLEASE NOTE

- Support from our Annual Campaign reduces membership and program fees; it does not eliminate them.
- Support is awarded based on household size and annual income, up to \$60,000. All support will be granted for 12 months.
- Membership and program fees are subject to change upon annual review.
- Program assistance, up to 40% is available to YMCA members. (Program examples include swim lessons, day camp, youth sports.) Personal training and special events are excluded.
- Support is granted following a review of all documentation.
- The Y reserves the right to request additional information when necessary.

SOUTHERN PRAIRIE YMCA

1201 W Townline, Creston, Iowa 50801

641-782-9622

www.southernprairieymca.com

MEMBERSHIP AND PROGRAM ASSISTANCE APPLICATION

1 APPLICANT INFORMATION		2 ALL PERSONS LIVING IN THIS HOUSEHOLD	
Name	DOB	Parent/Guardian/Adult	DOB
Email		Parent/Guardian/Adult	DOB
Mailing Address		Child	DOB
City		Child	DOB
State	ZIP Code	Child	DOB
Home Phone	()	Child	DOB
Cell Phone	()	Child	DOB
Employer		Other dependent(s)	Age(s)

3 I AM APPLYING FOR

Check the membership category for which you are applying

- YOUTH** (ages 3-23)
- ADULT** (ages 23-61)
- COUPLE**
(2 adults and dependents under age 3 in same household)
- SINGLE PARENT FAMILY**
(1 adult and dependents in same household)
- FAMILY**
(2 adults and dependents in same household)
- SENIOR** (62+)
- SENIOR COUPLE**
(1 of 2 adults must be 62 or older in same household)

6 How will you benefit from a Y membership?

TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS FROM SECTION 4 or 5:

4 I FILED FEDERAL TAXES FOR LAST YEAR

1040 Federal Tax Form(s)
for all incomes in household

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR

A statement of non-file from the IRS
AND
Social Security Benefit Statement
or most recent pay stub

MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- Include current federal tax forms
- Include explanation for reason of income change

5 Source(s) of Monthly Household Income

Wages: \$ _____
 SSI: \$ _____
 Disability: \$ _____
 Child Support: \$ _____
 Food Stamps: \$ _____
 Other: \$ _____
 Total: \$ _____

\$ _____ x 12 = \$ _____
MONTHLY INCOME (INCLUDE CHILD SUPPORT & GOV'T ASSISTANCE) TOTAL ANNUAL HOUSEHOLD INCOME (INCLUDE CHILD SUPPORT & GOV'T ASSISTANCE)

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not 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 YMCA 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 _____ Date _____
Signature of person completing this form

**Bring all applicable financial documents to the Southern Prairie YMCA for verification.
 Processing will not be done without documentation.**

FOR MEMBERSHIP STAFF USE

Date submitted: _____ Member name: _____

Annual Income: \$ _____ Type of Membership: _____ % Assistance offered: _____ % Member Pays: _____

Membership pre-approved for a monthly bank draft rate of \$ _____ or yearly rate of \$ _____

Program assistance _____% (not to exceed 40%)

Annual Campaign Assistance Dollars Used \$ _____ Staff Reviewed _____ CEO Approval _____