



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Financial Assistance 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 YMCA of Milwaukee ensures the every individual has access to the essentials needed to learn, grow and thrive.

Everyone is Welcome. Through generous donations from staff, members and community partners, the YMCA of Milwaukee provides assistance to youth, adults and families based on need.

Committed to our community. YMCA Members and program participants can feel confident knowing they are a part of a non-profit organization that cares greatly for the well being of all people and is committed to youth development, healthy living and social responsibility.

How do I apply?

Any individual with an annual gross income of less than \$40,000 or family with a total combined household income of less than \$50,000 per year can apply. Assistance is based on total household income and the number of persons residing in that household.

Supporting Document:

- A copy of the previous years 1040 federal tax return for each adult residing in the household.
- Unemployment compensation statement
- Copy of Social Security Benefit Statement
- Documentation of State Benefits
- Verification of address for all those listed on membership

**Additional verification may be requested.
Applications with missing documentation
will not be accepted.
Those that are self-employed will need to
provide additional verification information.**

Helpful Links and Phone numbers:

Unemployment Income: <http://dwd.wisconsin.gov/UI/> or
1-800-UC-CLAIM

Social Security Income: www.socialsecurity.gov, or
1-800-772-1213

State Benefit Verification: <https://access.wisconsin.gov/> or
608-267-3905





Financial Assistance Application

Financial Assistance is available for households with an annual gross income below \$50,000 and individuals with an annual gross income below \$40,000.

Date Rec'd:	_____
Staff Initials:	_____
Member #	_____

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Phone Daytime _____ Evening _____ Email _____

- Membership Type: Household Adult Young Adult
 Senior Household Senior Adult Youth/Teen

Adult member(s)	Birth Date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of Dependents: _____

Household Income Information

Please provide most recent income information by providing the following (check where applicable):

- 1040 Tax Return Unemployment Benefits Social Security Benefits State Benefits

I understand the monies used for this program are donated by members, staff and community persons. I certify that the above information is true and complete to the best of my knowledge. I understand that if I falsify any of the above information, I will not be eligible for assistance now or in the future.

I understand that my finances will be reviewed yearly on _____.

If I do not respond to the review request my membership rate will increase to the basic rate beginning _____.

Member Signature _____ **Date** _____

For Office Use Only			
MONTHLY INCOME:			
1040 Income	_____	Unemployment	_____
State Benefits	_____	Other	_____
		Social Security	_____
		Total	_____
Total monthly X 12		\$ _____	Approved _____ Denied _____
Membership Type	_____	Membership Rate \$	_____
		Membership Subsidy	_____ %
		Program Subsidy	_____ %
Staff:	_____	Date:	_____
Executive Discretion:	_____	Date:	_____
<small>(Membership Director or 2nd Approval Signature)</small>			

It is because of many generous donations to the YMCA's Annual Giving Campaign by Y members, staff, and people in the community that Financial Assistance is possible