



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Membership For All

When applying for the YMCA Membership For All Program, please make sure to provide the following:

- Completed Scholarship Application
  - Previous year's 10-40 tax Form showing all wages and tips.  
(Please black out all social security numbers. W-2's not acceptable)
  - Two most recent paycheck stubs for all wage-earners in the household
  - All other forms of income including; unemployment benefits and child support. Also, any government subsidies such as; SSI/SSA, disability, food stamps, etc.
- \* Failure to provide the required proof of income will result in the denial of your application

CLEVELAND FAMILY YMCA  
220 Urbane Rd, NE  
Cleveland, TN 37311  
423.476.5573  
ymcachattanooga.org



FOR YOUTH DEVELOPMENT®  
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## MEMBERSHIP FOR ALL APPLICATION



Thank you for considering the YMCA to serve your family. The YMCA of Metropolitan Chattanooga is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. The YMCA is here to serve people of all ages, backgrounds, abilities and incomes. We are community-based and believe that our programs and services should be available to everyone. That's why the YMCA offers a financial assistance program for those who financially qualify.

Assistance will be granted for up to one year. The YMCA requires that individuals reapply annually or whenever requested to keep the information on file up-to-date. Fees are subject to increase when you reapply. If you do not reapply when requested, your enrollment will be terminated.

Volunteers in the YMCA raise funds for our Community Support Campaign. Funds are used for providing financial aid to youth and families who need financial assistance. Providing funding to our community is subject to the availability of funds collected in the Community Support Campaign. The review process for granting financial assistance will be handled on a branch by branch basis.

The process for applying for a financial assistance membership is as follows:

- 1) Fill out the application and worksheet completely.
- 2) Attach a copy of your most recent income tax return, two most recent pay stubs, verification of any other financial aid (free lunch program, AFCD, child support, etc.) for income verification.

**Note:** Your application cannot be processed without income verification.

- 3) Return the completed application to the YMCA front desk.
- 4) You will receive verification indicating the terms of your membership.  
You must redeem your membership within 30 days of acceptance.

## Personal Information *(Please print clearly.)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

List name and ages of everyone in your household:

1. You: \_\_\_\_\_ Age: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
5. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
6. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
7. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
8. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Employment Information

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  Part Time  Full Time  
Supervisor's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  Part Time  Full Time  
Supervisor's Name: \_\_\_\_\_

## Programs Applied for: (check all that apply)

### Membership Check Type:

- Young Adult (age 18-29)       Individual Adult (age 30-64)       Youth (age 5-17)  
 1 Adult Household\*       2 Adult Household\*       3 Adult Household\*       4 Adult Household\*  
 Senior Individual (age 65+)       Senior Couple (at least one must be 65+; does not include children)

\*Household Memberships include specified number of adults all living in the same household with dependent children living in the same household.

### Child Care Check Type:

- Preschool     Before & After School Care     Summer Day Camp     Holiday Camp (list) \_\_\_\_\_

For which children? \_\_\_\_\_

### Sports Check Type:

List program(s): \_\_\_\_\_

For which children? \_\_\_\_\_

## For Office Use Only

Staff Receiving: \_\_\_\_\_ Date: \_\_\_\_\_

New Applicant  Renewal  Current Member

### Type of Membership

Young Adult  Individual Adult  Youth  Senior Individual  Senior Couple  
 1 Adult Household  2 Adult Household  3 Adult Household  4 Adult Household

### All applications for financial assistance are kept confidential.

All YMCA members receive the same branch membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel confident knowing that they are involved in an organization that cares greatly for the health and well-being of all people and is committed to social responsibility, youth development and healthy living.

### In order to process your application, we must have all documents that apply to your situation.

#### If you are working or retired with benefits

- Prior year's tax form 1040
- Two most recent pay stubs
- Proof of retirement or interest income

**OR**

#### If you are unemployed

- Proof of unemployment benefits

**OR**

#### If you are disabled

- Proof of disability benefits

**OR**

#### If you are SSI or SSA benefits

- Proof of Social Security benefits

#### If your income is under \$15,000 for an individual or \$20,000 for a family

Documents from appropriate column above and proof of other subsidy benefits that may include: Food Stamps, AFDC, housing subsidy, etc.

## Membership Request Statement

We are proud to offer financial assistance for individual or family memberships. To be good stewards of the funds donated through the Community Support Campaign and the local United Way, we request applicants provide responses to the questions below. This information will be attached to your application and is confidential. After membership applications are processed, you should receive verification within 5 business days. If you do not receive a letter, please call us.

Why are you applying for a membership at the YMCA, and how do you expect to benefit?

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The YMCA is always in need of volunteers, would you be willing to volunteer?  Yes  No

Please be sure to complete the reverse side of this form.

## Income/Expense Worksheet (Please print clearly.)

### Income:

\$ \_\_\_\_\_ 1) Your Gross Monthly Income  
\$ \_\_\_\_\_ 2) Spouse's Gross Monthly Income  
\$ \_\_\_\_\_ 3) Child Support  
\$ \_\_\_\_\_ 4) Aid to Dependent Children  
\$ \_\_\_\_\_ 5) Welfare  
\$ \_\_\_\_\_ 6) Food Stamps  
\$ \_\_\_\_\_ 7) Interest Income from Investments

Yes  No 8) Reduced Lunch Program (submit card)

\$ \_\_\_\_\_ 9) Other (please explain below)

Are you paid weekly, biweekly, twice a month or monthly? \_\_\_\_\_

\$ \_\_\_\_\_ Total Gross Monthly Income (household)

\$ \_\_\_\_\_ Total Gross Yearly Income (household)

## Agreement

I accept and agree that all fees are to be paid on time and prior to program participation for my assistance to continue. Further, I understand that my assistance will discontinue if I acquire a balance owed to the YMCA for a program.

I hereby certify that the above information is true and complete to the best of my knowledge. I agree to inform the YMCA immediately of any change in the above information. I understand that false information could jeopardize my financial assistance. I hereby give my permission to the YMCA of Metropolitan Chattanooga and its representatives to contact individuals or employers for salary and bill verification. In order to maximize what the YMCA of Metropolitan Chattanooga is able to offer, I understand that I will be asked to pay a percentage of any membership/program fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Cleveland Family YMCA**

220 Urbane Road, NE • Cleveland, TN 37312  
423.476.5573

### **Downtown Family YMCA**

301 West Sixth Street • Chattanooga, TN 37402  
423.266.3766

### **Hamilton Family YMCA**

7430 Shallowford Road • Chattanooga, TN 37421  
423.899.1721

### **James A. Henry Community YMCA**

301 W. Sixth Street • Chattanooga, TN 37402  
423.757.0665

### **North Georgia Community YMCA**

1733-A Battlefield Parkway • Fort Oglethorpe, GA 30742  
706.935.2226

### **YMCA Healthy Living Center at North River**

4138 Hixson Pike • Chattanooga, TN 37415  
423.877.3517

### **YMCA Camp Ocoee**

111 YMCA Drive • Ocoee, TN 37361  
423.338.5588