



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOU BELONG HERE

## Income-Based Membership Program

YMCA OF METROPOLITAN CHATTANOOGA



### We're Here to Help

The YMCA of Metropolitan Chattanooga is a charitable organization dedicated to building strong communities. We serve an estimated 35,000 people in 12 area counties, striving to nurture the potential of ALL people regardless of age, income or background. At the heart of our mission is helping individuals achieve healthy spirit, mind and body, while also providing opportunities to give back to the community. At the Y, no one is turned away for inability to pay. These and other efforts are made possible through the generosity of our donors and volunteers.

#### About Income-Based Membership:

- **Sliding Fee Scale:** The Y uses a sliding fee scale to determine membership discount eligibility. This scale is based on total household income and the number of household members.
- **Faster Approvals** with complete applications and required supporting documentation.

[ymcachattanooga.org](http://ymcachattanooga.org)



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



# YMCA OF METROPOLITAN CHATTANOOGA

## INCOME-BASED MEMBERSHIP & PROGRAM APPLICATION

Please bring this application, along with supporting documents for all adults in the household as noted below:

### 1 APPLICANT INFORMATION

Please print legibly.

Name \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Applicant DOB: \_\_\_\_\_

If applicant is under age 18: Parent's or legal guardian's name \_\_\_\_\_

### 2 ADDITIONAL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each member that will be listed on the membership unit.  
Adults=18 years and older.

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_

Minor \_\_\_\_\_ DOB \_\_\_\_\_

Minor \_\_\_\_\_ DOB \_\_\_\_\_

Minor \_\_\_\_\_ DOB \_\_\_\_\_

Minor \_\_\_\_\_ DOB \_\_\_\_\_

Minor \_\_\_\_\_ DOB \_\_\_\_\_

### 3 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS FOR ALL ADULTS LIVING IN THE HOUSEHOLD:

#### I FILED FEDERAL TAXES LAST YEAR

- 1040 FEDERAL TAX FORM(S) FOR ALL INCOMES IN THE HOUSEHOLD
- I am an individual filing jointly; I am providing ONE 1040 form
- We filed more than ONE tax form in our household; we are providing \_\_\_\_\_ 1040 forms.

#### I DID NOT FILE FEDERAL TAXES LAST YEAR

or

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

- ALL DOCUMENTS THAT APPLY FOR THE MOST RECENT 30 DAYS OF INCOME  
(including bank statement and pay stubs, documentation of government assistance, child support or documentation of other sources of income)

\$ \_\_\_\_\_

**TOTAL ANNUAL HOUSEHOLD INCOME**

\$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_

**30 DAYS INCOME**

**TOTAL ANNUAL HOUSEHOLD INCOME**

**4** By signing below, I certify that this application is true and accurate to the best of my knowledge, and that my household does not have income not represented in Section 3 of this application. I agree to provide additional documentation as requested by the YMCA to substantiate my financial assistance calculation. I acknowledge that charitable assistance is based on need and is provided in accordance with the guidelines set forth by the YMCA. I understand that falsification of this application may result in immediate termination of financial assistance and may disqualify my household from receiving financial assistance in the future. In the event I want to cancel my membership, I understand I must provide a 30 day written notice to the YMCA. Each application is reviewed on a case by case basis.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### APPROVAL (to be completed by YMCA staff)

\*Rates are subject to nominal increase based on the annual rate increase.

You have been pre-approved for Membership Category: \_\_\_\_\_ % off: \_\_\_\_\_ Monthly Rate: \$ \_\_\_\_\_

You have been pre-approved for up to \_\_\_\_\_% off programs. **Note:** The maximum percent the program allows off may be lower than the approved rate.

Member met with staff person: \_\_\_\_\_ and \_\_\_\_\_ Member must reapply annually by: \_\_\_\_\_.

Reviewing Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Branch: \_\_\_\_\_ Member ID: \_\_\_\_\_

This pre-approval is valid for 30 days and subject to verification.

SCAN  ATTACH