



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Community Support 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 Manitowoc-Two Rivers 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 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 financial assistance. 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.



### PLEASE NOTE

- Support from our Annual Campaign reduces membership fees; it does not eliminate them.
- Support is awarded based on household size and annual income. All approved financial support will be granted for 6 months.
- Membership fees are subject to change upon renewal.
- Members are responsible for payments for the duration of the membership. A written notice is required to cancel membership for any reason.
- If you do not reapply at the 6 month interval, your membership will expire.

Support is granted following a review of all documentation.  
The Y reserves the right to request additional information.

[www.mtrymca.org](http://www.mtrymca.org)

MANITOWOC-TWO RIVERS YMCA  
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P 920-682-0341 • F 920-682-2620  
[www.mtrymca.org](http://www.mtrymca.org)

# Financial Assistance Application

## 1 APPLICANT INFORMATION

Name	DOB
_____	
Email	
_____	
Mailing Address	
_____	
City	
_____	
State	ZIP Code
_____	
Primary Phone (      )	
_____	
Secondary Phone (      )	
_____	
Employer	
_____	

## 2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Parent/Guardian/Adult	DOB
_____	
Parent/Guardian/Adult	DOB
_____	
Child	DOB
_____	
Child	DOB
_____	
Child	DOB
_____	
Child	DOB
_____	
Child	DOB
_____	
Other dependent(s)	Age(s)
_____	

## 3 I AM APPLYING FOR

✓ Check the category for which you are applying

- YOUTH     YOUNG ADULT (ages 18-25)     ADULT     FAMILY     SENIOR ADULT
- COUPLES (2 adults in household - no kids)     ONE PARENT HOUSEHOLD     SENIOR ADULT FAMILY

## 4 WHAT BENEFITS DO YOU SEE IN HAVING A MEMBERSHIP AT THE MANITOWOC-TWO RIVERS YMCA?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5 TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS

Household **CURRENTLY** receives some form of monthly income. ↓ ↓

- Provide copies of two most recent check stubs, Social Security Benefit Statement, Unemployment Statement, Child Support Document, and/or any other current proof of income as you have noted below.

OR

Household **DOES NOT** receive any current form of monthly income. ↓ ↓

- 1040A Federal Tax Form (Adjusted Gross Income)
- OR
- A statement of a non-file from the IRS

**MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR:**  
(Must include current 1040A Federal Tax form & complete all items below)

- Explanation for reason of income change: \_\_\_\_\_
- Itemize current monthly income:
- |                       |          |                    |          |
|-----------------------|----------|--------------------|----------|
| Wages, salaries, tips | \$ _____ | County Assistance  | \$ _____ |
| Unemployment          | \$ _____ | Pensions/Annuities | \$ _____ |
| Social Security       | \$ _____ | Disability         | \$ _____ |
| Child Support/Alimony | \$ _____ | Other              | _____    |

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 assistance is based/granted on need. In the event that I or my children must cancel our membership, I will provide written notice to the Y immediately so financial assistance can be provided to others. I understand that if I falsify any of the above information or if the Y cancels my membership for any reason, I may not be eligible for assistance now and/or in the future.

**6** \_\_\_\_\_  
Signature of person completing this form Date

Bring all applicable financial documents to the Manitowoc-Two Rivers YMCA branch for verification.

**FOR MEMBERSHIP STAFF USE** Date Submitted \_\_\_\_\_

Membership pre-approved for a **monthly rate** of \$ \_\_\_\_\_ **discount rate** of \_\_\_\_\_ %

**New** or **Existing Member** (circle one) Expiration Date \_\_\_\_\_ Past Balance \$ \_\_\_\_\_

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

Staff reviewed \_\_\_\_\_