



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DECATUR FAMILY YMCA

YCARES SCHOLARSHIP – INCOME VERIFICATION GUIDELINES

Income must be provided for each adult on the membership, children may be counted as dependents until age 24, but parent/guardian must maintain proof of dependency.

INCOME AND DEPENDENT VERIFICATION

Provide a copy of the most recent federal tax return document OR Department of Human Services (DHS) award letter that indicates gross earned income and proof of dependents.

AND

Provide verification on all applicable sources of income and provide documentation for any other assistance you receive:

1. 2 Pay Stubs for each working adult that are current and consecutive
2. Pensions or Retirement
3. Bank statements that show income source
4. Social Security Income (SSI) or Social Security Disability Income (SSDI)
5. Unemployment Statement
6. Cash benefit Government Assistance: TANF, grants, FIP
7. Child Support Income & Alimony payments/deductions
8. Student loan living expense portion

If there is not current income verification, zero income, negative income, or not approved documentation of income, a financial assistance award cannot be processed.

PROOF OF DEPENDENTS (S)

Provide a minimum of 1 document of dependent verification:

1. Dependents claimed on approved 1040 federal tax return documents
2. Social Security Income (SSI) or Social Security Disability Income (SSDI): benefit will be addressed to the parent but the child's name will be listed on the same document
3. Government Assistance Documentation Listing Household Size
4. Report card from school with parent or guardian and child's name present
5. Custody Agreement legal documentation
6. Dependents between the ages of 18 and 23 must provide a college schedule verifying enrollment in at least 12 credit hours



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DECATUR FAMILY YMCA

YCARES SCHOLARSHIP APPLICATION

The Decatur Family YMCA strives to make our health, wellness, and family building programs available for all people regardless of financial status. All scholarships are based on family size and income and awarded on a sliding scale.

Proof of income is required for all adults in household. Proof of dependency is required of all children to be on membership. Financially assisted membership must be reviewed on an annual basis.

INCOME DOCUMENTATION

Please complete monthly income if you receive any of the following and provide required documentation:

Income	Adult 1- Monthly	Adult 2 - Monthly	Required Documentation
Total Gross Wages			Current year's Federal Tax Return and 2 pay stubs that are current and consecutive
Unemployment			Unemployment statement
SS/SS Disability			SS/SSI award letter
Pension/Retirement			Award letter
Child Support			Award letter or bank statement
Alimony			Award letter or bank statement
Government cash benefits (FIP/TANF/Grants)			Award letter
Other financial support			See income verification guidelines for requirements
Total Monthly Income			
Combined Household ANNUAL Income			

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I also agree to notify the Decatur Family YMCA if my financial status should change. I understand that fees are subject to change upon renewal. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature _____

Date _____

Scholarship Rate Awarded: _____ %

Staff Initials _____

Date _____



DECATUR FAMILY YMCA MEMBERSHIP APPLICATION

Member #1

Membership Day Pass Guest Waiver

First Name & Middle Initial		Last Name		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Race	Email	
Phone		Employer		
Address		City	State	Zip
Emergency Contact Name		Emergency Contact Phone		
Youth Membership Only: Parent Name			Date of Birth	

Membership Type

- Adult: \$56.50
- Adult Goodheart: \$89.50
- 1-Adult Family*: \$69.75
- 1-Adult Family Goodheart: \$108.75
- College: \$40.50
- Family/Household*: \$83.00
- Family Goodheart: \$128.00
- Senior (65*): \$48.50
- Senior Goodheart: \$80.50
- Senior Couple: \$69.00
- Senior Couple Goodheart: \$115.00
- Wellness Referral Program: \$26.50
- Youth (13-17): \$23.50
- YCares: Based on Income
- Insurance Based Membership

Day Pass Type

- Adult (18+): \$15.00
- Family: \$30.00
- Youth: \$8.00

Would you like to receive text messages about facility closures, reminders or other updates?

- Yes
- No

Adult Household Member #2*

First Name & Middle Initial		Last Name		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Race	Email	
Phone		Employer		

*Family/Household: One or two adults living in the same household and any of their dependent children under the age of 18 or in college (full time) up to age 24.

Would you like to receive text messages about facility closures, reminders or other updates?

- Yes
- No

Additional Family/Household Members* Dependents Living at Home

Child's Name	Date of Birth	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race
Child's Name	Date of Birth	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race
Child's Name	Date of Birth	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race
Child's Name	Date of Birth	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race
Child's Name	Date of Birth	Relationship	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race

Membership Referred By: _____

_____ Monthly Draft Agreement (Initial)

I authorize the Decatur Family YMCA to automatically draft my membership dues monthly. I have provided a voided check or a verification letter from the bank indicating my routing and account numbers or had my credit card information entered into the system. I understand that the monthly draft will take place on the 1st or 15th; and that the YMCA Preauthorized plan is a continuous plan. The YMCA shall incur no liability if the balance in the bank account is insufficient to cover the draft or for any reason payment is uncollectible. I understand that the bank may try to collect up to three times. There is a \$25.00 service charge for returned bank draft or credit card draft. I understand that it is my responsibility to notify the YMCA in writing should I change my account or financial institution at any time.

Draft amount \$ _____

Draft Date: _____ 1st _____ 15th of each month

Start Date: _____

Please add \$ _____ to my monthly draft for the Y Annual Campaign.

_____ Cancellation Policy (Initial)

The monthly draft will continue until a cancellation request is submitted. Requests must be made 15 days before the next draft date either in person at the YMCA or through the online member portal. No additional fees will apply to cancellations. If a semi-annual or annual membership is cancelled before the end of its term, any discount applied at the time of purchase will be deducted from the refund amount. I agree to the terms and conditions, including recurring payment authorization.

_____ Rate Adjustment Policy (Initial)

I understand that the YMCA may periodically adjust membership fees. If a fee increase is scheduled, the YMCA will provide at least 30 days' written notice by mail before the new rate goes into effect. This notice will include the specific amount of the increase and the date when it begins. If you do not agree with the new rate, you can cancel your membership before the effective date. I agree to future fee adjustments and confirm that I have read and understood my right to cancel if I choose.

_____ Waiver (Initial)

In consideration of my participation in the activities of the Decatur Family Y, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors, and administration, waive, release and forever discharge and all rights claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my participation any of the activities of the YMCA. I do hereby declare myself to be physically sound, having medical approval to participate in activities of the YMCA. I understand that the YMCA may photograph/video tape for marketing purposes and release the YMCA from any claim or liabilities related to that use. I give my permission for the use of any photographs, videotapes, or other media record of my/my child's participation at the Decatur Family YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to have myself/my child photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and remove myself/my child from the area.

_____ Code of Conduct Agreement (Initial)

The Decatur Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs. We prohibit inappropriate behavior and conduct which includes profanity, abusive language or attire, smoking, tobacco use, vaping, use of alcohol or drugs and criminal conduct of any type. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

By signing this agreement, you authorize the YMCA to charge your bank account provided and acknowledge that YMCA rates may change in the future. If the YMCA decides to increase its membership rates, you will receive at least 30 days' advance notice using the contact information you have provided. This notice will include the new rate and the date on which it will go into effect. You can cancel at any time by visiting our online member portal or visiting us in person. Cancellations must be made 15 days before the next draft date to avoid additional charges. Parent or guardian must sign if applicant is under 18 years of age

Signature: _____ Date: _____

Signature (Adult #2): _____ Date: _____

For Staff Use Only

Staff Initials _____ MID _____ Locker Number (if applicable) _____

Insurance Health ID (if applicable) _____