



Financial Assistance Information & Application

Auburn YMCA - WEIU

As a non-profit organization, the Auburn YMCA - WEIU is committed to providing equitable opportunities for people of all income levels to access critical healthy living and youth development services through the Y. Financial assistance, funded by private donations, helps the YMCA provide affordable rates for Y membership and some programs. By providing your household income, the Y can offer a rate that may better fit your budget.

YMCA Membership & Programs (Aquatics, Health & Wellness)

To apply for our FA program, complete the attached application and provide all documentation required on the checklist below.

This will be verified through an automatic online verification process called [FAcheck](#). Additional information may be needed, and a YMCA member service staff member may contact you.

YMCA Childcare

For Childcare / ELC Programs Camo Y -Owasco, please reach out to kimc@auburnymca.net

Ways to save on your membership

Families with Children enrolled in the following school districts may qualify for special pricing through our partnership with BOCES & your school district.

Please inquire prior to FA application.

Auburn Enlarged City School District - Jordan Elbridge & Port Byron Central School District

Adults Aged 65+ may qualify for low / no-cost membership through our agreements with Health Insurance Providers.

The Auburn Y has partnerships with:

Renew Active, Silver Sneakers. Silver & Fit

Breast Cancer Diagnosis?

Membership & Program assistance may be available through our partnership with the Saint Agatha Foundation.

Cayuga County Veterans

May be eligible for a no-cost membership through the Cayuga County Veterans Service Agency.

Membership & Program FA Document Checklist

- Complete Financial Assistance Application pp 1 & 2
- 1040 Tax return for every household member*
- Four most current pay stubs for each income-earning member of the household
- proof of any other income (child support SNAP etc)

*If you are unable to supply a tax return, we must receive proof of non-filing status.

Completed applications may be delivered to the Member Services Desk .

START APPLICATION HERE

Step 1 : Tell us about who will be our main contact for this application

First Name	Middle Name	Last Name	Suffix (Example Sr., Jr.,III, IV)	Date of Birth (mm/dd/yyyy)
Home Address				
City		State	Zip code	
Phone			E-mail	

Step 2 : Tell us about your household

First and Last Name	Gender	Birthdate	Age	Away at School (Y/N)	Relationship

Step 3: Tell us what you would like to use this scholarship for

<p>I'm Interested in a YMCA membership</p> <p><input type="checkbox"/> Youth (0-18yrs)</p> <p><input type="checkbox"/> Young Adult (19 -25)</p> <p><input type="checkbox"/> Adult (18-64)</p> <p><input type="checkbox"/> Senior 65+</p> <p><input type="checkbox"/> Family 2 adults and their dependents through age 25, must live in the same household</p>	<ul style="list-style-type: none"> • Senior members • Youth / Family applicants in the AECSD / JECSD/ PBCSD <p>please review the membership information on the front page of this application</p>	<p>I'm Interested in a YMCA Programs</p> <p><input type="checkbox"/> Health & Wellness Please Identify program: <input type="text"/></p> <p><input type="checkbox"/> Aquatics Please Identify program: <input type="text"/></p> <p>For Childcare / ELC Programs, please reach out to kimc@auburnymca.net</p>
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Step 4: Tell us about your ENTIRE households monthly income & Expenses

Monthly Income		Monthly Expenses	
Gross wages / Tips	\$	Rent/ Mortgage	\$
Unemployment	\$	Utilities / Phone	\$
Social Security	\$	Food	\$
SNAP	\$	Clothing	\$
Alimony/ child support	\$	Car / Insurance	\$
Housing Assisitance	\$	Alimony / Child Support	\$
Retirememnt / Pension	\$	Medical	\$
Grant or Subsidy	\$	Other	\$
Other	\$	Other	\$
Other	\$	Other	\$

Have you applied for YMCA financial assistance before?

Yes No When

Have you been denied YMCA financial assistance in the past?

Yes No When

Do you currently recieveYMCA financial assistance ?

Yes No Current Rate

Do you have any special circumstances you would like to share? (add additional notes on seperate as needed)

YMCA Financial Assistance Agreement.

Please initial all lines to indicate that you have read and agree to each of the terms listed.

- The information that I have provided and included with this application accurately represents my household and financial situation. I understand that false or incomplete information could jeopardize my assistance now and in the future.
- I understand that failure to provide all requested information will result in an incomplete application, which will not be reviewed.
- I understand that all portions of payments/dues that are not covered by YMCA Financial Assistance are my responsibility.
- I understand that yearly renewal is required, including all requested proofs of income, to continue receiving YMCA Financial Assistance.
- I understand the YMCA Financial Assistance awards are based on available resources..
- I understand that memberships that receive financial assistance are subject to the same terms and agreements as any other membership. This includes:
 - Annual membership is a continuous membership plan.
 - I understand that this membership will remain in effect for the year approved until I take action to stop it in writing.
 - A designated draft amount will be deducted from my bank account or charged to my credit card on my membership's renewal date.
 - The renewal date will be on the first or fifteenth of the month as designated when the membership agreement is signed.
 - I agree to give the YMCA a 14-day advance written notice if I wish to terminate or make any changes to my bank information, i.e., change of banks, accounts.
 - Should any draft not be honored by my bank/credit card for any reason, I realize I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my bank may have
 - Non-payment or violation of the Auburn YMCA Code of Conduct will result in loss of membership privileges.

I certify that the above information is true and complete to the best of my knowledge. I agree to provide any additional documentation if requested to verify the need.

Signature:

Date: