

# YMCA of Roanoke Valley • Everyone Deserves a YMCA

The YMCA of Roanoke Valley has a personal interest in your health and well-being. We want to make sure you are able to enjoy a full quality of life by maintaining a healthy lifestyle.

Our assistance program is made possible by our donors, who also share in the interest of your health and others in our community. In order for us to be good stewards of those donations, we are responsible for making sure the funds are allocated to those in need and those who are willing to be an example for others in need.

**We know that the YMCA can change your life!**

**In order for you to fully benefit from your membership these are the commitments we expect from you**

**Fitness Orientation – with one of our Wellness staff within 90 days of joining.**

**Usage – must maintain average of 8 visits per month at Roanoke Valley facilities.**

**To process your application, the following information is REQUIRED.**

- Copy of first page of most recent income tax return
- If you did not file taxes you must provide for Each Adult in Household one of the following documents:
  - 4 pay stubs
  - Copy of Social Security Benefit
  - Copy of Disability Benefit
  - Copy of Unemployment Benefit

**Documentation requested must be provided no later than \_\_\_\_\_ (21 days) or your membership rate will revert to our standard monthly membership rates of \_\_\_\_\_.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Init \_\_\_\_

E-Mail Address \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City/state) (Zip)

Place of Employment \_\_\_\_\_ Number of people in household \_\_\_\_\_

For which of the following are you seeking assistance? Membership: Individual \_\_\_\_\_ Household \_\_\_\_\_

Which Roanoke Valley YMCA location will you use most often? Kirk \_\_\_\_ Gainsboro \_\_\_\_ Salem \_\_\_\_

**Must Fill Out Front & Back of Form**

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Gross Monthly Household Income

or

Gross Annual Household Income

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

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

Are there any extenuating circumstances or additional expenses incurred you want to share?

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We know that your YMCA membership is of great value to you and we would like to be able to continue providing assistance to those in need. We would like to be able to share with our donors what they are doing for our community.

Would you would be willing to share with us the importance of your YMCA membership and what the YMCA has helped you accomplish?       Yes       No

- Assistance may be reviewed upon request requiring complete updated information and documentation. If your financial situation changes, you must inform us within 30 days of the change.
- I understand that my continued membership is dependent upon the submission of the requested information.
- I understand that if the documentation I provide is different than the amount I reported in Gross Household Income, I will be notified of the change in membership fees according to the income based scale.
- I 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 my income or family size. I understand that false or incomplete information could jeopardize my financial assistance.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Branch:      KFY\_\_\_      GFY\_\_\_      SFY\_\_\_

New Application\_\_\_      Renewal Application\_\_\_

Member ID # \_\_\_\_\_      Date \_\_\_\_\_      Receipt # \_\_\_\_\_

Approved \_\_\_\_\_%      Monthly Membership Amt. \$ \_\_\_\_\_      Joining Fee Amt. \$ \_\_\_\_\_

Signature of Reviewer \_\_\_\_\_      Date \_\_\_\_\_