

# Financial Assistance

What you need to bring on the day of your appointment.

1. Household Income:

Include misc. income (Pay Check Stub, Child Support, Alimony, Tribal Income, etc.)

2. Bank Statement (Checking, Saving, CD, IRA)

3. Unemployment Benefits

4. Social Security Benefits

5. Stocks and Securities

6. Current Tax Return

7. Medical Bills

8. Pay Check Stub

Please make sure you let us know if you are paying child support, have medical bills and any other expenses, and bring proof.

**Please call and schedule an appointment.**

**(715) 362-9622**



**\*CONFIDENTIAL INFORMATION\*\***

**YMCA OF THE NORTHWOODS  
FINANCIAL ASSISTANCE APPLICATION**

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number(s) Day (\_\_\_\_) \_\_\_\_\_ Evening(\_\_\_\_) \_\_\_\_\_

Employer Name \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of children in household \_\_\_\_\_

Members of the household (include yourself)

FIRST	MIDDLE	LAST	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household income (annually) \$ \_\_\_\_\_ Child Support (annually) \$ \_\_\_\_\_

Other annual income (sources and amount) \_\_\_\_\_

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc.) \_\_\_\_\_

Which membership type (s) or program (s) would you like to apply for? \_\_\_\_\_

What would this financial assistance mean to you and/or your family? \_\_\_\_\_

How much do you feel you can afford to pay a month for membership? \_\_\_\_\_

Applicant's signature \_\_\_\_\_

In order to process your application, please submit this application and copies of the following documents to the YMCA of the Northwoods, 2003 Winnebago Street East, Rhinelander, WI:

1. Most recent year's Federal Income Tax form.
2. Letter from employer verifying current employment and income or recent paycheck stub.

The YMCA will make every effort to expedite this application immediately. Application will be processed as soon as the required listed documents have been verified. Include documentation for all individuals contributing to household income. If you have any questions please call the office at (715)362-YMCA(9622).

**We build strong kids, strong families, and strong communities.**



# Strong Kids Campaign Round Up

## The Robert Kaulum Memorial Scholarship Fund

The YMCA of the Northwoods believes in providing membership services to all who desire to participate in the YMCA. The financial assistance program, supported through contributions to the Annual Strong Kids Campaign, provides funds for those in need within our available resources. Please consider adding a donation to your membership fees to help the Y in its mission of putting Christian principles into practice through programs that build healthy, spirit, mind and body for all.

Please add \$ \_\_\_\_\_ to my monthly bank draft.

Please add \$ \_\_\_\_\_ to my total membership payment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### AUTHORIZATION TO HONOR ACH DEBITS OR DRAFTS BY THE YMCA of the NORTHWOODS for MEMBERSHIP PAYMENTS

1. I, the undersigned, authorize the financial institution, designated hereon to pay the YMCA of the Northwoods and charge to the account(s) identified on the attached deposit slip(s) or voided check(s) on a monthly basis. I understand that my checking/savings will be debited on the 1<sup>st</sup> or 15<sup>th</sup> of the month (depending on when sign-up occurs) to pay my membership for the following month. **I understand my YMCA membership via bank draft is a monthly commitment and will automatically be withdrawn every month unless I notify the YMCA in writing 30 days prior to my draft date.** Initial \_\_\_\_\_
2. In the event that I cancel my membership, I understand that I must turn in all membership cards, that I will receive temporary cards for the balance of the time I have paid or will be paying, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated.
3. In the event my bank does not honor my membership draft, I understand that I am still responsible for that payment to the YMCA and for any service fee imposed by my bank. If more than two bank drafts are returned on my account, I realize that my bank draft privileges will be revoked and I am responsible for the remaining balance due on my membership payable by cash only. **A \$25.00 service fee will be charged on any returned bank draft. No program sign up will be allowed until payments are received.**
4. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 days notice prior to any such change.
5. I understand that all payments are non-refundable. ( 2 - 5 ) Initial \_\_\_\_\_

[[Attach voided check here]]

<b>Name of Bank</b>	Checking Account	Monthly Payment
Mailing Address of Bank (street, city, state, zip)	Savings Account	\$ _____
<p>To honor either preauthorized checks or drafts drawn by you on my account for membership payments as indicted above. It is understood that your sending of a preauthorize check or draft to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check or draft by charging my account, such check or draft shall constitute my receipt for the payment. <b>Should any preauthorized check or draft not be honored by said bank when received by them, I will remain liable for such payment and shall immediately pay to you such amount together with an additional processing fee of \$25.00.</b></p>		
<b>Depositors Account No.</b> _____	<b>Signature of Bank Depositor (As shown On Bank Records):</b> _____	
<b>Bank Transit No.</b> _____	_____	

FOR OFFICE USE ONLY		
<b>Membership Type:</b>	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> College <input type="checkbox"/> Family <input type="checkbox"/> Short-term <input type="checkbox"/> Corporate <input type="checkbox"/> Scholarship <input type="checkbox"/> Other _____	
<b>Transactions:</b>	Join Date ____/____/____	<input type="checkbox"/> Joiner's Fee \$ _____
<b>Payment Options:</b>	<input type="checkbox"/> Membership Amount	\$ _____
<input type="checkbox"/> Annual Full Pay	<input type="checkbox"/> Strong Kids Campaign	\$ _____
<input type="checkbox"/> Continuous Bank Draft	<input type="checkbox"/> Scholarship Amount	\$ ( _ - _____ )
<input type="checkbox"/> Corporate Name # _____	<input type="checkbox"/> Transitional	\$ _____
<input type="checkbox"/> Payroll Deduct	<input type="checkbox"/> Other _____	\$ _____
<b>Staff Initials:</b> _____		