

MEMBERSHIP FOR ALL

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living, and fostering a sense of social responsibility, YMCA SOUTHCOAST believes that every individual deserves access to the essentials needed to learn, grow, and thrive.

EVERYONE IS WELCOME

YMCA SOUTHCOAST believes that every individual deserves access to the essentials needed to learn, grow and thrive. The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay full price. YMCA SOUTHCOAST's Annual Campaign raises funds to support our Y-CARES Financial Assistance Program, which provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the branch in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive Y-CARES Financial Assistance. Our members can feel confident knowing that they are part of an organization that cares greatly for the well-being of people and is committed to YOUTH DEVELOPMENT, HEALTHY LIVING and SOCIAL RESPONSIBILITY.

HELPFUL INFORMATION

- Y-CARES Financial Assistance reduces membership fees; it does not eliminate them. All new members must pay Joiner's Fee
- All Y-CARES Financial Assistance applicants are required to provide documentation to support application information.
- Membership fees are subject to change. All members are notified in advance of a membership fee increase
- By accepting Y-CARES Financial Assistance, you agree to update/notify YMCA SOUTHCOAST should your financial circumstances change

FOR MORE INFO, CALL:

DARTMOUTH YMCA
508.993.3361

FALL RIVER YMCA
508.675.7841

GLEASON FAMILY YMCA
508.295.9622

MATTAPOISETT YMCA
508.758.4203

NEW BEDFORD YMCA
508.997.0734

STOICO/FIRSTFED YMCA
508.678.9622



YMCA SOUTHCOAST Y-CARES FINANCIAL ASSISTANCE APPLICATION

DATE ____/____/____

1 APPLICANT INFORMATION

FIRST NAME _____ LAST NAME _____ D.O.B. _____

☐ MALE ☐ FEMALE ☐ NON-BINARY CONTACT # _____ EMAIL _____

HOUSEHOLD INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OF PEOPLE IN HOUSEHOLD _____

ADDITIONAL INFORMATION: SECOND ADULT + DEPENDENTS

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

NAME _____ D.O.B. _____ ☐ MALE ☐ FEMALE ☐ NON-BINARY

2 MEMBERSHIP TYPE

- ☐ YOUTH (UP TO AGE 11)
- ☐ TEEN (AGES 12 - 19)
- ☐ YOUNG ADULT (AGES 20 - 29)
- ☐ ADULT (AGES 30 - 64)
- ☐ ADULT COUPLE (AGES 30 - 64)
- ☐ SINGLE PARENT FAMILY
1 ADULT, CHILD/CHILDREN UNDER AGE 25)
- ☐ FAMILY
2 ADULT, CHILD/CHILDREN UNDER AGE 25)
- ☐ SENIOR (AGE 65+)
- ☐ SENIOR COUPLE (AGE 65+)
- ☐ PROGRAM:

3 DOCUMENTS

TO QUALIFY, PLEASE PROVIDE ONE OF THE FOLLOWING DOCUMENT(S) FOR EVERY ADULT IN THE HOUSEHOLD:

- Federal Tax Form 1040
- SSI Benefit Statement
- IRS Non-Filing Verification Letter
- 1 Month of Paycheck Stubs

- Government Assistance Document
- Utility Bills (Gas and Electric)
- Child Support Document

4 EXPENSES

RENT \$ _____

MORTGAGE \$ _____

CAR PAYMENT \$ _____

UTILITIES \$ _____

OTHER (LIST BELOW) \$ _____

OTHER (LIST BELOW) \$ _____

OTHER (LIST BELOW) \$ _____

TOTAL \$ _____

5 INCOME VERIFICATION

GROSS WAGES \$ _____

SSI BENEFITS \$ _____

DISABILITY BENEFITS \$ _____

CHILD SUPPORT \$ _____

TOTAL \$ _____

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 subsidy assistance is based on need. In the event that I or my children must cancel out participation, I will contact the Y immediately so sponsorship can be provided to others. 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 _____

FOR OFFICE
USE ONLY

QUOTE EXPIRES ON &
STAFF INITIALS

% OF PROGRAM:

UNIT #:

MEMBERSHIP TYPE/
PROGRAM:

% OFF MEMBERSHIP:

AMOUNT DUE:

\$ _____