



Ann Arbor YMCA Open Arms Renewal Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Section 1: Household Information

Total number of adults in the household: _____ Total number of dependents in the household: _____

Primary Adult *(please print)*

First & Last Name Birth Date Telephone Number Do you receive income?
 Yes No

Street Address Apt. City Zip Email Address Please contact me by
 Email Mail

Secondary Adult

First & Last Name Birth Date Telephone Number Do you receive income?
 Yes No

Additional Family Members *(please include first and last name and birthdates)*

Section 2: Membership Information

What type of Membership are you applying for? _____

What is the dollar amount you are able to pay towards Membership each month? \$_____ per month

Section 3: Gross Annual Household Income

Please circle your present gross annual household income level:
Under \$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000-\$60,000 \$60,000-\$70,000 Above \$70,000

My circumstances are temporary. I will need financial assistance until: ____ *Please attach a letter of explanation*

Has your household income changed in the past six months? (i.e. your present income is not reflected in your previous year's Tax Return or Social Security statements) Yes (please explain below) No

Check the box of the documentation included and write in the income amount in the far right column

Documentation Included?	Source	Gross Monthly Household Income
<input type="checkbox"/>	The last 2 month's wages, salaries and tips or tax returns (for all household members)	
<input type="checkbox"/>	Pensions/Retirement/Annuities	
<input type="checkbox"/>	Social Security/Supplemental Security Income	
<input type="checkbox"/>	Disability/Unemployment	
<input type="checkbox"/>	Child Support/Aid to Dependent Children/Alimony	
<input type="checkbox"/>	Housing Assistance/FAP/Utility Assistance/TANF	
<input type="checkbox"/>	Other:	
	Total Gross Monthly Household Income:	

Please read through each of the statements below. This section must be signed for your application to be reviewed.

Statement of Understanding

1. I understand that the Ann Arbor YMCA is a nonprofit organization and through the generous contributions of donors, the Ann Arbor YMCA is able to provide financial scholarships that enable all members of the community to enjoy YMCA programs, regardless of income.
2. I understand that I must submit the required documentation listed in Section 3 in order for my application to be reviewed.
3. I agree to notify the YMCA if my financial situation improves, so that my membership scholarship can be re-evaluated, thus providing more opportunities for others in need.
4. I understand that scholarships will be awarded on a first-come, first-served basis, subject to available funds and eligibility.
5. I understand that all YMCA members receive the same membership benefits, regardless of whether or not they are receiving scholarship. I further understand that I am joining an organization that cares greatly for the health and well-being of all people.

Terms and Conditions

1. You must provide proof of your gross household income.
2. Scholarships are awarded for six months. Bi-annually you will need to complete a renewal application and attach your most recent income verification. As a member you need to access the YMCA facility on a regular basis in order to be eligible for scholarship renewal.
3. If you default on payment two or more times, you will be ineligible for future financial assistance.
4. To receive financial assistance for classes, a Class Scholarship Request must be submitted to the Membership Desk during the week of Online Registration.
5. I agree to follow all YMCA rules and to abide by the YMCA Code of Conduct.
6. Any person suspended or terminated from the Ann Arbor YMCA for inappropriate behavior will no longer be eligible for financial assistance. Inappropriate behavior includes (but is not limited to) foul language, fighting, and disrespecting staff, members and guests. Suspension and/or termination will be at the discretion of YMCA staff.
7. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA membership. You will see that the chart listed on the front of this application requires all members to pay a portion of their monthly fee.
8. Memberships are to be paid monthly via bank or credit card draft, or paid in full.
9. I certify that all the information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications.

I have read and understand the Terms and Conditions stated above:

Applicant's Signature: _____ Date: _____

Open Arms applications are due the 15th of the month. To avoid interruption in membership, please submit this application the month prior to your membership expiration date.