



CYI Community Center
Membership Assistance Application

Based upon available resources, CYI is pleased to be able to provide as much assistance as possible for qualified individuals and families for memberships.

Name: _____ Type of Membership: Individual Family
Address: _____
Phone: _____ Email: _____

To evaluate your needs, CYI requires a variety of information about your financial situation. Your Membership Assistance Application will be considered incomplete until all application items are submitted. Once the completed application package is received, it takes approximately two (2) weeks to review and process.

NOTE: Please do not include originals of any documentation, as they will not be returned. For your privacy and security, all information is kept confidential and treated with the utmost sensitivity.

The following information (if applicable) is required for you and all adult(s) residing in the household:

- | | |
|--|---|
| <input type="checkbox"/> Completed Application Form & Membership Form | <input type="checkbox"/> Disclosure of assistance of utility bills |
| <input type="checkbox"/> A Copy of your most recent Income Tax Return | <input type="checkbox"/> Any unusual expenses (i.e. medical expenses for chronically ill child or adult) |
| <input type="checkbox"/> Proof of address (utility bill, rental agreement, mortgage or bank statement) | <input type="checkbox"/> If you are receiving SSI, SSD, TANF, Food Stamps, WIC, Medicaid or Medicare, please submit a copy of the Award Letter |
| <input type="checkbox"/> Copy of Veteran's Benefit Statement | <input type="checkbox"/> If you are employed, at least two (2) current pay stubs or four (4) weeks of pay stubs if your pay varies week to week |
| <input type="checkbox"/> Verification of Alimony | <input type="checkbox"/> If you are a student, submit your latest Financial Aid Form |
| <input type="checkbox"/> Verification of Child Support | <input type="checkbox"/> If you are receiving Workers' Compensation, please provide documentation |
| <input type="checkbox"/> Social Services Statement/Foster Child payment slip | |
| <input type="checkbox"/> Any other financial assistance received | |
| <input type="checkbox"/> Approved letter for Food Stamp Assistance | |

Membership Assistance Program Policies (Please initial each line):

____ Completion of application does not guarantee assistance. Assistance will be awarded based on eligibility, funding, and timeliness.

____ Membership Assistance for individuals and families are the same as regular membership categories. (The same rules and policy requirements apply to Membership Assistant Members.)

____ It is important that assistance is awarded to individuals who use the center. Assistance members must use the facility at least ten (10) times per month.

____ Assistance is valid for six (6) months. Assistance will be terminated if the recipient does not utilize the facility at least ten (10) times per month.

____ Assistance recipients are expected to financially contribute toward their membership. If awarded, recipients will be asked to pay a portion of their membership cost based on financial need and other eligibility. Membership Assistance Participants will have their Processing Fee waived.

____ If your Assistance lapses more than thirty (30) days without payment, you will need to re-apply for Membership Assistance.

Briefly explain your needs for the financial assistance:

Why do you (or your family) want to be members of the CYI Community Center?

Household Income

Indicating your income helps CYI adjust its Income Based Membership Fee Scale to accommodate your membership:

of adults in your household: _____ # of children (18 & under) in your household: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$10,000 - \$23,500 | <input type="checkbox"/> \$23,501 - \$33,500 |
| <input type="checkbox"/> \$33,501 - \$43,000 | <input type="checkbox"/> \$43,001 - \$52,000 | <input type="checkbox"/> \$52,001 and up |

Extenuating Circumstances:

I certify that all information provided is true. I also understand that incomplete information or false information may disqualify me. All information received/provided is strictly confidential.

Signature _____ Date: _____