



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

DISCOUNT PROGRAM

YMCA OF WESTERN STARK COUNTY

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Western Stark County ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign Fund, the YMCA of Western Stark County provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining discount amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive discounts. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.



- Support from our Annual Campaign Fund reduces membership and program fees; it does not eliminate them.
- Most financial assistance will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply.
- If you do not reapply at the time requested, your membership will expire.
- Please contact your branch if you have any questions.

To qualify for Quick Review assistance, provide any of the following documents:

- HEAP (Ohio Home Energy Assistance Program)
- Ohio Department of Medicaid (medical benefits)
- ODJFS (Cash Assistance) OWF/TANF
- ODJFS (Food Assistance) SNAP
- ODJFS (Child Care Assistance)
- Ohio Head Start
- SMHA Housing Voucher

COVID Financial Assistance now available! You will be approved Quick Review for 6 months of assistance by providing either of the following documents:

- Ohio Determination of Unemployment Compensation Benefits
- OR • Letter of Layoff/Furlough from employer on company letterhead

WestStarkY.org

EMPLOYMENT INFORMATION

For each individual in the household (18 and older) that is not currently employed, please explain:

A - I filed Federal Taxes for last year.

- **Adjusted Gross Income** from your IRS Form 1040
- You must attach a copy of each FEDERAL IRS tax return Form 1040
- Show all income in the **household**, including dependents, parents, grandparents (even if everyone will not be included on the membership). Only individuals on these tax returns may be included on a membership.

Name: _____	Year: _____	Adjusted Gross Income \$ _____
Name: _____	Year: _____	A.G.I. \$ _____
Name: _____	Year: _____	A.G.I. \$ _____
Name: _____	Year: _____	A.G.I. \$ _____
		TOTAL \$ _____

Has your household income changed from the amounts above?
 If yes, you may wish to move to B and have us look at your current finances. If no or if you prefer please go to Page 3.

B - I did not file federal taxes for last year OR my household income has changed since I filed taxes last year.

Current income: copies of your federal tax return(s) 1040 are still required with this option, but eligibility will be determined based on the household's current income. This section is also for retired individuals that do not file a tax return (please detail on page 3).

In your household does anyone receive the following:	Current Income	Adult 1	Adult 2	Other	Required Attachments***
		Amount (Monthly)	Amount (Monthly)	Amount (Monthly)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Wages					Two current pay stubs & IRS 1040
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment					Two current statements
<input type="checkbox"/> Yes <input type="checkbox"/> No Social Security					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Support					CSEA statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Pension					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability/Veterans benefits					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No OWF – Ohio Works First					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Housing Assistance					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Utilities Assistance					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No ADC (Aid to Dependent Children)					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Food Assistance					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Foster / Adoption Subsidy					Bank Statement / Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No College Financial Aid/Loans					Billing statement from school & Current class schedule
<input type="checkbox"/> Yes <input type="checkbox"/> No Other money coming into the home (explain on separate sheet)					Supporting documents
<input type="checkbox"/> Yes <input type="checkbox"/> No Other money coming into the home (explain on separate sheet)					Supporting documents
Total					

***Copies of proof of income must be provided before the application can be approved. You must show all income in the household including dependents (even if everyone will not be included on the membership).

