



For Office Use Only:  
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## LINCOLN YMCA PERSONAL PRICING/FINANCIAL ASSISTANCE APPLICATION

### 1. APPLICANT INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Email \_\_\_\_\_

### 2. FAMILY/HOUSEHOLD INFORMATION: (List all adults and dependents living in same household.)

First Name	Last Name	Relationship To Applicant	Birth Date (mm/dd/yyyy)	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Please continue on back of application if more lines are needed.

### 3. REQUIRED DOCUMENTATION:

You must submit copies, no originals, of ALL current proof of income. Documentation is destroyed after review process is complete. Place a check in front of all sources of income and include documentation with your submitted application for verification.

Documentation
<b>Applications without ALL documentation will be denied and returned to applicant.</b>
<input type="checkbox"/> Employment <ul style="list-style-type: none"> <li>• 2 Current Paycheck Stubs from each adult in household (must list gross income).</li> <li><b>AND</b></li> <li>• Federal Income Tax Return. Include copies of your most current filing year (1040, 1040A, etc). <b>W-2s are not accepted.</b> If you are self-employed or own a business include Schedule C. If you do not have a copy of your return, you can get one by calling the IRS at 800-829-1040 or visit their website at <a href="http://www.irs.gov">www.irs.gov</a>.</li> </ul>
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Disability
<input type="checkbox"/> SSI/Social Security
<input type="checkbox"/> Government Assistance <ul style="list-style-type: none"> <li>• Food Stamps/SNAP (EBT Cards are not accepted. Must list dollar amount you are receiving on a monthly basis.)</li> <li>• Housing Assistance (Must list the amount you are paying plus the amount paid by assistance program.)</li> <li>• Foster Care</li> </ul>
<input type="checkbox"/> Child Support/ADC/Alimony
<input type="checkbox"/> Student Loans - only if used for living expenses.
<input type="checkbox"/> Trust Funds/IRA's/Retirement Income
<input type="checkbox"/> Parental Support If you are being claimed as a dependent by your Parents/Guardians on their Federal Income Tax return, your application will be reviewed based on the combination of both you and your Parents/Guardians total gross annual income. Please include a copy of your Parents/Guardians Federal Income Tax Return.
<input type="checkbox"/> Ward of the State Will be reviewed based on Guardians total gross annual income and compensation received for Wards care.
Medicaid is not part of our criteria for Personal Pricing.

### 4. FINANCIAL RESOURCES VERIFICATION:

All submitted income verification must have the dollar amount that you are receiving on a monthly basis. If you do not have this information, contact your employer or caseworker before submitting your application.

Financial Resources		
Monthly Gross Income	Applicant	2 <sup>nd</sup> Adult
Wages/Salary		
Child Support		
Alimony		
Government Assistance		
Food Stamps		
Housing Assistance		
Other Income		
<b>Total Monthly Income</b>		
<b>Total Annual Income</b> (Total Monthly Income x 12)		

### 5. APPLICANT SIGNATURE:

I certify that the above information is true and complete and that I do not have additional income not represented above. If my application is not complete and all required documentation attached, my application will be denied and returned to me. It is then my responsibility to return the application with all required information and documentation for further consideration. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information or fail to notify the YMCA of a change, I may be terminated from the personal pricing program and may not be eligible for assistance in the future. If I choose to become a YMCA member, I understand I will be required to set up a payment plan to pay for my membership.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 6. PROCESSING:

Completed applications with all required documentation will be reviewed within 10 working days. Due to the large number of applications being processed, please refrain from calling to check on the status of your application. Instead, email me at [swells@ymcalincoln.org](mailto:swells@ymcalincoln.org). Please note that applications without proper documentation will be mailed back to you.

Mail, fax or email application and documentation to:

**Lincoln YMCA Administrative Office** Attn: Susan Wells/Personal Pricing  
 570 Fallbrook Blvd Suite 210, Lincoln, NE 68521  
 Fax 402-434-9208 / Phone 402-434-9207 / [swells@ymcalincoln.org](mailto:swells@ymcalincoln.org)