



**List all persons living in household, all adults and dependent children. (CONTINUED)**

Last Name	First	Middle	Age	Gender	DOB	Relationship
Currently Employed or Receiving Income? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please list Employer or Source of Income _____ Include on Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Last Name	First	Middle	Age	Gender	DOB	Relationship
Currently Employed or Receiving Income? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please list Employer or Source of Income _____ Include on Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Requesting assistance because you or a member of your immediate family has a disability?  Yes  No  
 If yes, does this person need an attendant?  Yes  No

I currently have a  Checking Account  Savings Account

Desired payment schedule  Monthly electronic funds transfer with checking or savings account  
 12 month cash, check, EFT or credit card

The YMCA is not responsible for returning any documentation that accompanies the application. Please ensure that you have kept all of your original documents.

Bring completed application to your nearest YMCA location:

**Lussier Family East YMCA**  
 711 Cottage Grove Road, Madison, WI 53716  
 608 221 1571

**Northeast YMCA**  
 1470 Don Simon Drive, Sun Prairie, WI 53590  
 608 837 8221

**Lussier Family West YMCA**  
 5515 Medical Circle, Madison, WI 53719  
 608 276 6606

**Terms and Conditions**

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

- You must provide proof of your total household income.
- Financial Assistance is awarded for the duration of up to one year. When membership expires please reapply with current income verification.
- Member is responsible for their membership dues by either making monthly payments through automatic bank draft or EFT.
- A 10 day written notice is required to cancel membership payment through automatic bank draft.
- The Y believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their Y membership.
- The YMCA of Dane County prohibits any form of discrimination based on race, color, creed, sex, religion, national origin, age, disability, veteran’s status, marital status or any other prohibited basis as defined by law. This applies to all employment and membership decisions. Discrimination will not be tolerated by employees, members, suppliers, or consultants.
- Financial Assistance quote is good for 30 days.
- Cancellation or changes to membership must be to the branch by the 25th of the month.

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

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA COMMUNITY SUPPORT CAMPAIGN FOR FINANCIAL ASSISTANCE**

The YMCA is able to offer financial assistance for memberships and programs thanks to our annual campaign donors. Help us continue to share the importance of this program.  I would like to share my Y story and tell why the Y has benefited me/my family.  
 I would like to write a Thank You to a donor.

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date Approved \_\_\_\_\_ Assistance Quote% (Quote is good for 1 month) \_\_\_\_\_  
 Approved  Not Approved Comments \_\_\_\_\_  
 Monthly Rate \_\_\_\_\_ Total amount to be paid \_\_\_\_\_ Branch Executive Approval \_\_\_\_\_