



ELKINS/RANDOLPH COUNTY YMCA COMMUNITY SUPPORT SPONSORSHIP APPLICATION

The Elkins/Randolph County YMCA is a charitable, non-profit health and wellness organization committed to helping people grow in spirit, mind and body. Through support from the generosity of local donors and businesses, the Y provides memberships and program services at a discounted rate to individuals and families who qualify based on demonstrated financial need.

How is eligibility for the program determined? Eligibility is based on the program funds available and the applicant's household income (including spouse or domestic partner), number of dependents and household expenses. Eligibility for SNAP and/or a medical card is a requirement for eligibility but does not establish eligibility alone. Please complete the application in full and provide all requested documentation. Incomplete applications will be returned.

What is the cost of a sponsored membership? The Y offers two levels of sponsorship. **Program sponsorships** offer a 50% discount on non-member program fees for summer camp, afterschool, swim classes, and youth basketball leagues. **Sponsored memberships** offer a discount over the Y's regular membership rates.

Sponsored Membership Rates		
Membership Type	Annual	Monthly
One Adult (19 and over)/ or Senior (60 and over)	\$120.00	\$10.00
Two Adults (19 and over)	\$180.00	\$15.00
Two Adults with Children (18 & younger)	\$240.00	\$20.00

How do I apply? Complete this application in full and submit it with copies of all requested supporting documentation. A few notes about your application; if your application includes dependents in your household, your proof of income must list these individuals as legal dependents for them to be included on the membership. **Sponsored family memberships cover parents and their legal dependents 18 and under.** All applications are kept confidential. Sponsorships must be renewed on an annual basis.

How will I know if I have been approved? If your application is approved, you will receive notice by mail. Applications that are not complete (i.e. do not include sufficient supporting documentation) will be returned to you. Memberships must be activated within 30 days of approval.

How do I start my membership? If you are approved for a sponsored membership, simply bring your approval letter to the Y front desk. Staff will have you complete a membership form and waiver. Payment is due when you sign up. You can choose to pay annually or monthly by check/cash or by automatic bank or credit card withdrawals.

APPLICANT

NAME	PH. #	DATE OF BIRTH
ADDRESS	CITY	ZIP
CHILDREN UNDER 18: NAME OF PARENT OR LEGAL GUARDIAN		

APPLICATION TYPE

- MEMBERSHIP:
 ADULT
 SENIOR
 TWO ADULTS
 FAMILY
- OR
- PROGRAM SPONSORSHIP (50% OF NON-MEMBER CAMP, AFTERSCHOOL, BASKETBALL, SWIM LESSON RATES)

ADDITIONAL HOUSEHOLD MEMBERS *Sponsored family memberships cover parents and their legal dependents 18 and under.*

NAME	RELATIONSHIP	DOB	GENDER

1) ARE YOU CURRENTLY EMPLOYED?

- YES → ATTACH LAST TWO PAYSTUBS FROM EMPLOYER AND COMPLETE INFORMATION BELOW:

NAME OF CURRENT EMPLOYER: _____ START DATE: _____
 POSITION HELD: _____ RATE OF PAY: _____ HR OR _____ ANNUALLY
 # OF HOURS WORKED EACH WEEK: _____

- NO → COMPLETE INFORMATION BELOW:

NAME OF LAST EMPLOYER: _____ POSITION HELD: _____
 EMPLOYMENT DATES: _____ TO _____ RATE OF PAY: _____ HR OR _____ ANNUALLY
 # OF HOURS WORKED EACH WEEK: _____

2) IF UNEMPLOYED, DO YOU CURRENTLY COLLECT UNEMPLOYMENT COMPENSATION?

- YES → ATTACH A COPY OF YOUR ELIGIBILITY LETTER DETAILING BENEFITS
- NO

3) IS YOUR SPOUSE/DOMESTIC PARTNER CURRENTLY EMPLOYED?

- YES → ATTACH LAST TWO PAYSTUBS FROM EMPLOYER AND COMPLETE INFORMATION BELOW:

NAME OF CURRENT EMPLOYER: _____ START DATE: _____
 POSITION HELD: _____ RATE OF PAY: _____ HR OR _____ ANNUALLY
 # OF HOURS WORKED EACH WEEK: _____

- NO → IF UNEMPLOYED AND COLLECTING UNEMPLOYMENT COMPENSATION, ATTACH A COPY OF ELIGIBILITY LETTER DETAILING BENEFITS AND COMPLETE INFORMATION BELOW:

NAME OF LAST EMPLOYER: _____ POSITION HELD: _____
 EMPLOYMENT DATES: _____ TO _____ RATE OF PAY: _____ HR OR _____ ANNUALLY
 # OF HOURS WORKED EACH WEEK: _____

4) DID YOU OR ANY HOUSEHOLD MEMBER FILE A TAX RETURN LAST YEAR?

- YES → IF YES, ATTACH COPY OF THE 1ST PAGE OF YOUR MOST RECENT TAX RETURN WITH A COPY OF ALL W2S TO SUPPORT INCOME
- NO → ATTACH A COPY OF ALL W-2S ISSUED FROM EMPLOYMENT DURING THE LAST YEAR

5) DO YOU OWN OR RENT YOUR HOME?

- OWN → WHAT IS THE MONTHLY COST OF YOUR MORTGAGE PAYMENT: _____
- RENT → WHAT IS YOUR MONTHLY RENT: _____ → ATTACH A COPY OF YOUR RENTAL AGREEMENT

6) DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE RENT ASSISTANCE?

- YES → ATTACH A COPY OF YOUR ELIGIBILITY LETTER DETAILING BENEFITS
- NO

7) DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE SNAP BENEFITS?

- YES → ATTACH A COPY OF YOUR ELIGIBILITY LETTER DETAILING BENEFITS
- NO

8) DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE SSI DISABILITY?

- YES → IF YES, ATTACH A COPY OF YOUR ELIGIBILITY LETTER DETAILING BENEFITS
- NO

9) IF YOU OR ANY HOUSEHOLD MEMBER IS RETIRED, DO YOU RECEIVE A PENSION, VETERAN BENEFITS OR ANY OTHER INCOME?

- YES → WHAT IS THE AMOUNT AND SOURCE OF THE INCOME: _____
IF YES, ATTACH DOCUMENTATION DETAILING SUPPORT AMOUNT
- NO

10) DO YOU OR ANY HOUSEHOLD MEMBER RECEIVE SPOUSAL OR CHILD SUPPORT PAYMENTS?

- YES → IF YES, ATTACH DOCUMENTATION DETAILING SUPPORT AMOUNT
- NO

11) DO YOU HAVE ANY OTHER SOURCES OF INCOME E.G. RENTAL INCOME, SELF-EMPLOYMENT INCOME, STUDENT LOAN INCOME, ETC.

- YES → WHAT IS THE AMOUNT AND SOURCE OF THE INCOME: _____
- NO

APPLICANT HOUSEHOLD INCOME AND EXPENSE INFORMATION (RECORD AMOUNTS PAID EACH MONTH)

MONTHLY INCOME	APPLICANT	OTHER HOUSEHOLD MEMBERS	PROOF OF INCOME ATTACHED (YES/NO)
WAGES FROM EMPLOYMENT	\$	\$	
UNEMPLOYMENT COMPENSATION	\$	\$	
RENT ASSISTANCE	\$	\$	
SNAP	\$	\$	
SSI DISABILITY	\$	\$	
SSI RETIREMENT	\$	\$	
CHILD/ALIMONY SUPPORT	\$	\$	
OTHER SOURCES OF INCOME (PLEASE LIST):	\$	\$	
TOTAL	\$	\$	

MONTHLY EXPENSES	APPLICANT	OTHER HOUSEHOLD MEMBERS	PROOF OF EXPENSE ATTACHED (YES/NO)
CABLE/SATELLITE	\$	\$	
CAR LOAN	\$	\$	
CHILD/ALIMONY SUPPORT PAYMENTS	\$	\$	
CHILDCARE	\$	\$	
FOOD	\$	\$	N/A
INSURANCE (CAR, HEALTH, HOME)	\$	\$	
PHONE/CELL PHONE	\$	\$	
RENT/MORTGAGE	\$	\$	
UTILITIES: GAS/ELECTRIC			
UTILITIES: WATER	\$	\$	
OTHER EXPENSES (PLEASE LIST):			
TOTAL	\$	\$	

Is there any additional information you would like to have considered in reviewing your application?

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income that is not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature

Date