MEMBERSHIP FOR ALL PROGRAM (MFA)

CORTLAND COUNTY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

How to Request Support

The YMCA offers assistance based on need and does not deny membership or program assistance to those who cannot afford it. Assistance is offered up to 80% of the cost of membership and 50% off of select programs. To process your application, we need:

- Most recent tax return (call the IRS at 1-800-829-1040 if you don't have one)
- Two month's worth of pay stubs for each working person in the household
- Social Security or Disability Benefits Statement (if applicable)
- Any assistance such as welfare benefits, SNAP/food stamps, Section 8 housing letter (if applicable)
- Unemployment benefits statement (if applicable)
- A letter from the person(s) providing your monthly living expenses if you have no income
- Documentation of any special circumstances you wish to have considered
- If you don't have the required documents, submit a letter explaining your situation.

Processing will not begin until all documents are provided. Requests are considered monthly and processed in the order received. If accepted, you commit to 6 months of membership paid automatically on the 1st of each month. Failure to pay results in membership termination and a new application will be required. Notification will be sent by email or letter. If you haven't heard within 14 days, call the YMCA. Reapply every 6 months, submitting at least one month before expiration.

Program Financial Assistance

The Y offers need-based assistance for programs important to individuals and families in Cortland County, ranging from 10-50% off select programs. Eligible programs include group swim lessons, youth sports, health interventions, and youth programs. Applicants must fill out the program financial assistance application and provide the same documentation as membership assistance. Membership assistance is not required to receive program assistance. Program assistance is valid for 6 months. Reapply to prevent a lapse in assistance. Applications are processed in 14 days.

Child Care Financial Assistance

Assistance is also available for school-age childcare and summer day camp. A denial letter from DSS is required because DSS has changed eligibility requirements and can assist most families with subsidizing the cost of childcare. You can obtain the DSS denial letter by calling 607-753-5265. Applicants must fill out the program financial assistance application and provide the same documentation required for membership assistance. Reapply every 6 months to prevent a lapse in assistance. All applications will be processed in 14 days.

MFA FAQs:

- The Membership For All Program reduces membership and program fees, it does not eliminate them.
- The YMCA requests that applicants reapply for assistance on a 6 month basis with updated documentation.
- Assistance approvals are subject to change when you reapply.
- If you do not reapply by the end of your approval period, your membership will terminate automatically.

After Submission:

- Once you've submitted your application, please be watching for email communications from the Membership Coordinator regarding your application and status.
- Once you've received the approval email, you can visit the Y and activate your membership at the Front Desk. Please do not sign up for a membership in advance of receiving your approval as refunds will not be issued for prior payments.
- Your join fee will be discounted at the same rate as the membership if you are a 1st time Cortland Y Member.
- Membership Assistance isn't stackable with other discounts.
- Membership dues are charged on the 1st of the month from either a bank account or credit card. If the payment declines you will be unable to use the facility until the balance is paid.
- Once activated, you will receive the same benefits and access, including the YMCA Nationwide Membership benefit, as long as your membership is current.
- If there's a change in your situation, please contact the Membership Coordinator as soon as possible.

CORTLAND COUNTY FAMILY YMCA MEMBERSHIP FOR ALL APPLICATION:

First & Last Name of Adult #1 (To be completed by the main contact for membership)				Phone Number
Street Address	City	State	Zip Code	Birthdate
Email Address (This is where the approval will be sent)	Household Size	# of Adults in Household	# of Children in Household	
Please check the box for the financial assistance you are applying for:	☐ Membership	☐ Programs	☐ Child Care	

HOUSEHOLD INFORMATION: Please mark each family member applying for assistance, including yourself.

First & Last Name of Adult #1 (Applicant completing form)	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Adult #2	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #1	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #2	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #3	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #4	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #5	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N
First & Last Name of Child #6	DOB	Gender	Areas of Interest	Active on Membership? ☐ Y ☐ N

FINANCIAL INFORMATION: Please check all that apply AND provide proof of income for each item.

☐Employment	Amount & Frequency	☐Food Stamps	Amount & Frequency	☐SSI/SSDI Benefits	Amount & Frequency
☐Unemployment	Amount & Frequency	☐Housing Assistance	Amount & Frequency	☐Workman's Compensation	Amount & Frequency
☐Public Cash Assistance	Amount & Frequency	☐HEAP	Amount & Frequency	☐Retirement/Pension Benefits	Amount & Frequency
☐Education Grants/Loan	Amount & Frequency	☐Alimony/Child Support	Amount & Frequency	☐Child Care Supplement	Amount & Frequency
☐Other	Amount & Frequency	Monthly Expenses:		*Your approval will not be processed without supporting documentation.*	

Please explain any extenuating circumstances you are experiencing that you feel support your need for assistance:

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Child Care Assistance: If applying for child care program assistance (SACC/Summer Camp), to receive YMCA assistance you must provide a DSS denial letter. This can be obtained by calling 607-753-5265.

If applying for Child Care Assistance please check the applicable boxes:

☐ Summer Camp ☐ Onsite SACC

Please share with us how Financial Assistance will benefit you and your family.

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Please submit your completed application with the following information/forms:

_____ Copy of most recent Federal Tax returns for ALL adults in the household (1040 Tax Form).

_____ Copies of two most recent pay stubs for all those working in the household OR a copy of most recent social security or disability checks OR a copy of DSS budget sheet OR a copy of your Schedule C from taxes if self-employed.

_____ Copies of social service benefit letters (unemployment, food stamps, section 8 housing, SNAP, Medicaid, free or reduced lunch, etc).

_____ Copy of a denial letter from state childcare assistance / DSS (for childcare and camp).

MFA TERMS AND CONDITIIONS:

- At the end of the 6 month approval, it is your responsibility to reapply.
- Program Assistance does not apply to: Private Training or Lessons, Specialty Programs, Rentals, Resale Items, Race Series, or Day Passes.
- Assistance is based on a sliding scale and determined by income and number in household.
- Each membership can have a maximum of 2 adults age 22 and up. If your household doesn't fit in this model, please contact the Membership Coordinator.
- If looking to use Drop In Child Care services, a family membership is required.
- If you renew, please note all financial information has to be resubmitted as we do not save past financial information.

If you have any questions whatsoever regarding your MFA application, please email membership@cortlandymca.org

Please read & initial the following:

_____ I affirm to the best of my knowledge that the information provided in this application is true and complete. I understand that if I falsify any of the information in this application I will no longer be eligible for assistance.

_____ I understand that my application will not be processed until I have submitted all necessary and requested documentation outlined in this application.

_____ I acknowledge that I'll be responsible for any outstanding balances due to the Cortland County Family YMCA.

_____ I understand it is my responsibility to re-apply for assistance every 6 months.

_____ I agree to inform the YMCA of any changes to my financial situation.

_____

Applicant Signature (of an adult 18 years or older) Date

FOR OFFICE USE ONLY: **Date:** _____

□ **APPROVED** □ **DENIED**

JOIN FEE DUE? □ **YES** □ **NO**

Membership Type: _____

Membership Cost (Before Assistance): $_____

YMCA MEMBERSHIP Assistance: _____**%**

Monthly Fee: $_____

PROGRAM ASSISTANCE:

□ **APPROVED** □ **DENIED**

YMCA PROGRAM Assistance: _____**%**

CHILD CARE ASSISTANCE: □ **APPROVED** □ **DENIED**

YMCA SUMMER CAMP Assistance: _____**%**

YMCA SACC Assistance: _____**%**