



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OLYMPIC PENINSULA YMCA MEMBER AND PROGRAM SUPPORT APPLICATION

## THE MISSION OF THE YMCA

To strengthen communities through programs and services that build healthy, spirit, mind, and body.

## EVERYONE IS WELCOME

We will create communities that are inclusive and socially just so that all people can thrive. We will not tolerate bias, hatred, or discrimination that leads to the oppression of individuals or communities. We will ensure sustained and meaningful progress toward equity and human dignity for all.

## COMMITTED TO OUR COMMUNITY

Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members 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.

The assistance program reduces membership and/or program fees; it may not eliminate them. Upon completion of your Member and Program Support Application you will be awarded your qualifying assistance percentage.

**\*NOTE\*** If applying for Childcare assistance you must first apply and receive a denial confirmation through DCYF (Working Connections) before Program Support is available for Child-care.

The Olympic Peninsula YMCA is a nonprofit organization. We work side-by-side with our neighbors to ensure that everyone, regardless of gender, income or background, has the opportunity to live life to the fullest. Thanks to the generosity of the local community, the Y offers member and program support to any individuals or family so that they have access to the essentials needed to learn, grow and thrive.



[OLYMPICPENINSULAYMCA.ORG](https://olympicpeninsulaymca.org)

# OLYMPIC PENINSULA YMCA

## MEMBER AND PROGRAM SUPPORT APPLICATION

### Apply in Six Easy Steps

#### 1 Primary Applicant Information

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ APT# \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PRIMARY PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

#### 2 Persons Living In This Household

# of Adults (Including Primary) \_\_\_\_\_ # of Children \_\_\_\_\_

NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____
NAME: _____	DOB: ____ / ____ / ____

#### 3 I Am Applying For

Check all that apply

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | ADULT (age 27+)                             |
| <input type="checkbox"/> | HOUSEHOLD-1 ADULT                           |
| <input type="checkbox"/> | HOUSEHOLD-2 ADULTS                          |
| <input type="checkbox"/> | TEEN (ages 12-19)                           |
| <input type="checkbox"/> | YOUTH (ages 0-11)                           |
| <input type="checkbox"/> | YOUNG ADULT (ages 20-26)                    |
| <input type="checkbox"/> | PROGRAMS                                    |
| <input type="checkbox"/> | CHILDCARE, CAMPS, or AFTERSCHOOL PROGRAMS** |

#### 4 Annual Household Income\*

\$ \_\_\_\_\_

*\*Income for all adults in the household.*

**\*\*Must apply and receive denial confirmation through DCYF (Working Connections) before Program Support is available for any DCYF Licensed Childcare programs.**

#### 5 Please provide any additional information that you would like us to know: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 6 All financial support is allocated based upon available resources.

By signing below I certify that the information herein is true and correct to the best of my knowledge and belief, and agree to notify the YMCA within 30 days of increases in household income greater than 10% that will continue more than 30 days, and that I understand any support granted is subject to change with 30 days notice and that I agree to comply with income verification upon request.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can submit your application digitally to:  
 YMCA OF SEQUIM: Cally Tauran (Cally@olympicpeninsulaymca.org)  
 YMCA OF PORT ANGELES: Shauna Phillips (S.phillips@olympicpeninsulaymca.org)  
 YMCA of JEFFERSON COUNTY: Keith Williams (k.williams@olympicpeninsulaymca.org)

# OLYMPIC PENINSULA YMCA

## MEMBER AND PROGRAM SUPPORT APPLICATION

### INCOME VERIFICATION SECTION (If Applicable)

**1 Primary Applicant Information**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOCUMENTATION SUBMITTED (List all that apply):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**2 Additional Adult Information**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DOCUMENTATION SUBMITTED:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**3 Please provide any additional information that you would like us to know:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Award: \_\_\_\_\_ %

Unit ID: \_\_\_\_\_ Mem. Type: \_\_\_\_\_ Current Dues \$ \_\_\_\_\_ New Dues \$ \_\_\_\_\_

Discount Group Added: Y N/A

Discount Alert/Notes Added: Y N/A

Information Uploaded to Member Profile in Daxko: Y N/A

- Approved Income Verification Documents:**
- Employment Income:**
- Most recent federal tax return (Form 1040)
  - Last 2 pay stubs
  - Employer letter verifying wages and hours
  - W-2 form
  - 1099 income statements
- Government Benefits**
- Social Security benefit letter
  - Unemployment benefits statement
  - TANF or cash assistance documentation
  - Veterans benefits letter
- Other Household Income**
- Alimony documentation
  - Child support payment statement
  - Pension statement
  - Retirement distribution statement
  - Rental income documentation
  - Bank statements showing regular income deposits
- If There Is No Household Income**
- Letter from caseworker, shelter, or assistance agency
  - Documentation of public assistance



