



Need Based Membership Application

The Family Wellness Need Based Membership program matches qualified individuals and families who demonstrate a financial or circumstantial need with a reduced price 6 month membership. To determine the match amount, Family Wellness requires specific information about your financial situation as well as any special circumstance(s) that may warrant additional support.

- Documents showing your current financial situation are required to be attached to your application.
• Applications that are submitted without supporting financial documentation will be considered incomplete and will not be accepted.
• Completed applications are reviewed in the order received.
• Family Wellness will reach out to the primary applicant within two weeks through the US Mail or by email to discuss qualifications and level of assistance provided.
• Applicants will have 30 days in which to respond to the level of assistance. Failure to accept within 30 days will result in your need to re-apply.
• The levels of 75%, 50%, and 25% assistance are final and not negotiable.
• Family Wellness reserves the right to decline assistance.
• Joining Family Wellness with a Need Based Membership will be completed by appointment only.
• Please note we are unable to offer this assistance to college students who have access to fitness centers at the universities unless applying with dependent children.
• We are unable to offer a Need Based Membership to current active Y Match Members at the YMCA of Cass & Clay Counties.
• Family Wellness does not allow membership or facility access to persons known to be listed as a registered sex offender.

Complete applications (with all required supporting materials) can be submitted at the Family Wellness front desk, or via email at familywellnessfargo@sanfordhealth.org.

I have read and agree to the above details regarding the purpose, requirements, and process of the Need Based Membership offered at Family Wellness.

Printed Name of Applicant: _____

Applicant's Signature: _____ Date: ____/____/____

Review the following forms of income, unemployment, assistance, or contributions and attach copies of each. Reference your financial information and complete the table below.

If you are employed: *The following are required to be attached to your application. Documents are needed for both adults and employed dependent children over the age of 18 if applying for a household membership.*

- At least 4 full weeks (one month) of current pay stubs
- If you do not receive a pay stub, salary verification, or a letter from your employer must be submitted
- If you are self-employed, you must submit your latest business and Personal Income Tax Return

If you are unemployed: (Check all the apply)

- You must submit your State Unemployment documentation
- If you are receiving Workers' Compensation, please provide documentation

If you did not file taxes:

- An Income and Wage Transcript must be presented. Please contact the IRS Tax Assistance Center at www.irs.gov or call 1.800.908.9946

Any additional assistance or contributions: (Check all the apply)

- Verification of Section 8 Housing or other subsidized housing assistance
- Itemized worksheet showing monthly assistance/income
- Disclosure of assistance for utility bills
- Copy of Veteran's Benefit Statement
- Verification of Child Support and/or Alimony, showing the amount received
- Child Care Assistance
- Social Services Statement, Foster Child payment slip
- Receiving SSI, SSD, TANF, Food Stamps/WIC, Refugee Cash Assistance, General Assistance, Medicaid or Medicare
- Student loan income, Scholarships, and Grants
- Family/friend contributions
- Other Income including rental properties

For each item checked above, reference your documentation to complete the table below.

Fill in the monthly income dollar amount for each category for you AND any additional income from anyone within the household contributing to the financial wellbeing for the family.

Monthly Household Income	Primary Member Income (\$)	2nd Adult Income (\$)	Dependents/Children Income (\$)	SUBTOTAL
Gross Wages, Salaries & Tips				
Social Security & Pensions				
Child Support & Alimony				
Self-Employment/Other				
Federal or State Assistance				
Medical Expenses (provide documentation)				
STAFF USE: Total				



STAFF USE ONLY	
Date Received: _____	Assistance %: _____
Staff Initial: _____	Assistance \$: _____
Medical Expenses: Yes or No	

Applicant Information - All fields required

First Name:	Last Name:	MI:
Address:	APT/UNIT:	DOB:
City:	State:	Zip Code:
Phone:	Email <i>(required to inform of eligibility)</i> :	

Please select the membership type you are applying for: Individual Family/Household Family/Household w/ Childcare

List all Household members below - Eligible include up to 2 adults over the age of 18 living at the same address and their dependent children through the age of 23.

First Name	Last Name	DOB	Gender	Relationship	Will be on Membership
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No

Please share any special circumstances that may not be demonstrated in your application or supporting materials that you would like considered with your application. If you need additional space feel free to attach additional pages.

PLEASE READ BEFORE SIGNING:

I must submit a copy of any income listed on page 2 as well as a completed membership application to be considered. **Applications submitted without required supporting materials will not be accepted.** I understand that all applicants must submit required income verification as stated above to be considered for a Family Wellness Need Based Membership. I sign on behalf of all participants listed on the membership application to abide by the Family Wellness Code of Conduct. In completing this application and signing it, I certify that all the information supplied to Family Wellness is true, accurate and complete to the best of my knowledge. I understand that Need Based Memberships expire after six (6) months and if I wish to apply for the Need Based Membership after expiration, I need to resubmit my application with updated income verification.

Primary Applicant's Signature: _____ Date: ____/____/____