



YMCA of Greater St. Paul
 YMCA of Metropolitan Minneapolis

STAFF ONLY	
Verify Annual Income \$	_____
This PPP Application was approved by	
(staff name):	_____.
2 nd Staff Verification	_____

YMCA Personal Pricing Plan Application

PERSONAL INFORMATION

Name (please print) _____ Zip Code _____ Phone Number _____

HOUSEHOLD DATA

Number of Adults _____ Number of Dependents _____ Annual Income _____

Applicants must provide photo ID showing home zip code and their most recent income tax return (or a transcript thereof) showing their adjusted gross income. Depending on which form they used to file taxes, the adjusted gross income can be found on Line 37 of form 1040, Line 21 of form 1040A, or on Line 4 of 1040EZ. If needed, the applicant can call the IRS at (800) 829-1040 to obtain a free transcript of their most recent income tax return. If the applicant was not required to file taxes, they must provide a statement of government benefit payments (SSI, disability, etc.). This can be obtained by calling the Social Security Office at (800) 772-1213 or TTY (800) 325-0778.

By signing below, I testify that the above provided information is accurate, truthful, and comprehensive.

 Applicant Signature Date

DESIRED MEMBERSHIP TYPE

Adult Dual Metro Family St. Paul Family Youth

WHAT IS THE TOTAL AMOUNT THAT YOU HAVE THE ABILITY TO PAY EACH MONTH FOR A YMCA MEMBERSHIP?

\$ _____

DESIRED PAYMENT SCHEDULE

Monthly Electronic Funds Transfer 6 month Cash, Check, or Credit Payment Plan (see below)

6 MONTH PAYMENT PLAN (if needed) THIS SECTION TO BE COMPLETED BY STAFF ONLY

Today's Date _____ Today's Payment (for 6months) _____

6 Month payment Due Date _____ Payment Amount _____

PERSONAL PRICING PLAN THIS SECTION TO BE COMPLETED BY STAFF ONLY

Pricing Plan Award _____% Monthly Payment Amount _____ or 6 month Payment Amount _____

Dates of Pricing Plan Period _____ Staff Initials _____

PAYMENT POLICIES

Personal Pricing Plan Members who default on monthly or 6 month payment plan will have their membership terminated immediately. Payments must be made on or before the due date for 6 month and monthly payment plans. Updates to EFT information, such as a new bank account number or new credit card information, must also be provided two weeks in advance of the scheduled draft date. Personal Pricing Plan Members in default must pay all back dues or will be ineligible to restart a Personal Pricing Plan Membership until the end of the award period as described above. Personal Pricing Plan Memberships are not eligible to be put on hold.

By signing here, I understand and agree to all policies pertaining to this application and will follow the YMCA Member Code of Conduct.

 Applicant Signature Date

DONOR THANK YOU LETTER

Without the support of donors, the YPartners Personal Pricing Plan would not be possible. One of the most valuable ways we keep donors committed is to say "thank you!" Our donors have said time and time again that receiving a thank you note from a recipient of YPartners Personal Pricing Plan is the most meaningful form of thanks they can receive. To that end, we ask that today you write a thank you note on YPartners letterhead which we are providing to you, also describing what the Y has meant to you or your family. You can write anonymously if you wish.

By initialing here, I understand that the funds making this Personal Pricing Plan Membership possible are from YMCA donors.
 Applicant Initials _____