

Financial Assistance Application

The Family YMCA strengthens the spirit, mind and body of all people. We build character by promoting the values of caring, respect, honesty, and responsibility. The Family YMCA feels strongly that the YMCA is for everyone. No one will be turned away because of their inability to pay.

Financial Assistance is not a handout, but a helping hand. The YMCA is here for people of all walks of life - when things are OK and when there are problems. Most people can usually afford the quality programs of the YMCA, and expect to pay fees out of a sense of personal responsibility. In times of need, YMCA financial assistance continues this responsibility in a partnership of assistance. Each participant will pay a portion of the fees, based upon a sliding scale and the specific needs of the individual or family. Financial assistance is a temporary agreement extending assistance in a time of need. As the need decreases, it is expected that your share of payment will increase accordingly. Assistance will usually be granted for a specific time period. If assistance is still required after this period of time, another financial assistance application will need to be completed.

To process your application, you must attach copies of the following information:

- Most recent Internal Revenue Service Income Tax Return
- 2 most recent pay stubs
- If applicable, letter stating unemployment benefits, social security compensation, disability, food stamps, child support or alimony court order, and/or retirement fund statements.

If you do not have a copy of your tax return, you may obtain one

Reasons you may be ineligible for financial assistance:

- Failure to return completed application and required documentation at annual renewal.
- Failure to report any change(s) in financial or work status.
- Present more than one check returned for insufficient funds.
- Falsifying information on Financial Assistance Application.
- Failure to provide required paperwork from government subsidized programs.
- Abuse of service.

FOR OFFICIAL YMCA USE ONLY

Director Initial: _____

Member

Non-Member

Application Reviewed on ___/___/___

Notified: ___/___/___

Assistance Expires ___/___/___

Approved: Membership % Discount _____

Amount \$_____per

Day Week Month

_____ Program % Discount _____

Amount \$_____per

Day Week Month

Denied - Reason: _____

Additional Comments: _____

Financial Assistance Application

Applying for: Membership or Programs

Name: _____ Gender: _____ Birth date: _____ Phone #: _____

Address: _____ Apt#: _____ City: _____ Zip: _____

Employer: _____ Work number: _____

Spouse: _____ Gender: _____ Birth date: _____ Phone #: _____

Spouse's employer: _____ Work number: _____

Number of Family Members residing at this address (including self) _____

Family Status of Applicant:

Single Two Adults Foster Child Guardian Other: _____

Income Status of Applicant:

Single Household Income Dual Household Income

Children (legal dependents 18 & under, or 21 & under if full-time student)

Dependents: _____ Relationship: _____ Birth date: _____ Gender: _____ School /College _____

Household Income

Source	Applicant	2nd Adult	Documents Attached?	Do not Receive
Salary/Wages	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	\$ <small>Per? Week</small> <small>Month</small>	\$ <small>Per? Week</small> <small>Month</small>	<input type="checkbox"/>	<input type="checkbox"/>

Please list and document any special circumstances that contribute to your request for financial assistance (i.e. family illness/death, unemployment, etc.) Use additional sheets if necessary.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of Financial Assistance.

Signature of Applicant/Parent/Guardian _____

Date _____