FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Information

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their inability to pay. Through our annual campaign, the Y provides income based rates to youth, adults, and families based on household income and household size.

Applications are handled by the Y in a fair and consistent manner and will be approved within 3-5 business days upon submission. **Incomplete applications will not be processed.** The Y reserves the right to request additional information when necessary.

Please include the following:

____**COMPLETED** Financial Assistance Application. (**ALL** adults and children that live in the household need to be included on the application.)

IF YOU ARE WORKING:

(MANDATORY DOCUMENTS) (We can no longer accept W2s as proof of income)

-1040 Federal Tax Form(s) for all incomes in the household. **ONLY** the 1st AND 2nd page that includes your name, dependents, and the adjusted gross income. *If self-employed, please bring the Schedule C as well.*

AND

-Two Most Recent, Consecutive Pay stubs for each working individual in the household

Proof of residency and/or income will be required for anyone not listed on the 1040

IF YOU ARE NOT WORKING OR IF THERE IS ADDITIONAL HOUSEHOLD INCOME:

(Must provide actual benefit statement or court documents. We CANNOT accept bank statements.)

____Social Security statements	____Food Stamps	____Retirement
____Disability Statements	____Unemployment	____Other
____Child AND/OR Spousal Support	____VA Disabilty	

You will receive an email notification once your application has been processed.

The approved discount will reduce membership and program fees, but will not eliminate them. Financial Assistance rates are approved for a certain period of time depending on circumstances. If you do not reapply by the given expiration date, it could result in fees increasing to the full rate or account termination.

the YMCA

FOR YOUTH DEVELOPMENT®
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ALWAYS WELCOME AT THE Y

FINANCIAL ASSISTANCE APPLICATION (Please complete 1-4)

1. **I'M A: (Circle one):** **POTENTIAL MEMBER** **FULL RATE MEMBER** **MEMBER SUBMITTING RENEWAL**

2. **APPLICANT INFORMATION: 1st & 2nd ADULT**

1ST ADULT **Name:**		**DOB:**
Mailing Address:		
City:	**State:**	**Zip code:**
Phone:	**Email:**	
Employer:	**Length of employment:**	
2ND ADULT **Name:**		**DOB:**
Phone:	**Email:**	
Employer:	**Length of employment:**	

3. **ALL OTHERS LIVING IN THE HOUSEHOLD**

Adult/Child	**DOB**	**Relationship**
Adult/Child	**DOB**	**Relationship**
Child	**DOB**	**Relationship**
Child	**DOB**	**Relationship**
Child	**DOB**	**Relationship**

4. **IF WORKING PLEASE INCLUDE THE FOLLOWING MANDATORY DOCUMENTS:**

-Most Recent 1040 Federal Tax Form (page 1 and 2) for all incomes in the household

AND

-Two Most Recent, Consecutive Pay stubs for each working individual in the household

IF NOT WORKING OR IF ADDITIONAL INCOME PLEASE INCLUDE:

Documents showing most recent 30 days of income:
Social Security statements
Disability statements
Child/Spousal support
Food stamps
Unemployment
VA benefits
Retirement

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that the subsidy is based on need. I understand that if I falsify any of the above information, I will not be eligible for assistance now and (or) in the future. I understand that if I do not reapply by the time period specified, my rate will revert to the full price OR could result in account cancellation.

_____ _____

SIGNATURE OF PERSON COMPLETING THIS FORM **DATE**

FOR STAFF USE ONLY (UPON ACCEPTANCE)

Date Received:_____ Staff Name:_____

Please initial to verify the following: (MAKE COPIES OF ALL DOCUMENTS, DO NOT KEEP ORIGINALS)

_____ALL adults and children that live in the household are included on the application

_____1040 AND 2 most recent, consecutive pay check stubs are provided for the household

_____ALL other financial documents are included for all adults in the household

_____Proof of Residency is provided for ALL individuals not listed as a dependent on the 1040 or if applicant does not file.

FOR STAFF USE ONLY (REVIEW & AWARD)

Date Processed:_____ Approved:_____ Denied:_____

Check when completed:_____ %Membership_____ %Programs_____

Entered in CORE:_____

Approval Mailed/Emailed/Called_____

Length (3-12 months)_____

NOTES