



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## FINANCIAL ASSISTANCE PROGRAM APPLICATION

At the Y, we believe we have something special – a sense of community. We also believe that everyone should have access to our community, along with the program and services that help us learn, grow and thrive. In order to ensure we provide programs and services to the entire community – regardless of an inability to pay – we award financial assistance. Financial assistance is awarded based on need and availability of funds. Funding for our financial assistance program is made possible through the generous support of our donors to our annual campaign.

To apply for financial assistance please bring the following to the Front Desk at the Harrison Family YMCA:

- Completed Financial Assistance Program Application
- A copy of previous year federal income tax return(s). If you do not file federal income taxes, please call 1-800-908-9946 for a verification of non-filing letter or go to IRS.gov for other information.
- Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary for all household members earning income. If you are unemployed, draw social security or receive other assistance, please provide a summary of your monthly awarded amounts.
- A letter of request (on your own paper) explaining why you seek financial assistance from the Harrison Family YMCA. Please clearly explain any extraordinary circumstances (e.g. medical bills, school bills, job loss, etc.) that affect your household situation. Your application packet will be returned to you if this letter is not included.

\*All household income must be verified by attaching proof of wages and benefits everyone in your household receives.

**Please mark out all social security numbers, tax ID numbers and/or credit card numbers before submitting any paperwork.**

### Reasons you may be ineligible for financial assistance:

- Failure to return completed application and required documentation at annual renewal.
- Missing more than one membership dues payment.
- Falsifying information on Financial Assistance Program Application.

### PLEASE PRINT ALL INFORMATION BELOW

#### APPLICANT INFORMATION Are you new to financial assistance or is this a renewal?

Please circle:    New       /       Renewal

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Office Use Only:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ All Verification Attached?    Yes    No

Approved?    Yes    No       Percent Awarded: \_\_\_\_\_ Expires: \_\_\_\_\_

Joining Fee: \_\_\_\_\_ Monthly Dues: \_\_\_\_\_ Alert in Daxko?    Yes    No

Please turn in more than one tax return if filed separately. We consider total household income when reviewing applications for the financial assistance program. You should mark YES for "receive income?" for any individual who contributes wages, tips, or benefits to the household.

Name (First/Last)		DOB	Age	Receive income?	
Applicant				Yes	No
Adult 2				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No

**I AM APPLYING FOR ASSISTANCE WITH:**

**MEMBERSHIP**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Youth                            | <input type="checkbox"/> Teen                             | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> One Adult Plus (with dependents) | <input type="checkbox"/> Two Adult Plus (with dependents) | <input type="checkbox"/> Senior      |
| <input type="checkbox"/> Two Senior                       | <input type="checkbox"/> Adult                            | <input type="checkbox"/> Two Adult   |

**PROGRAMS** (Please list specific program)

- Sports/Recreation \_\_\_\_\_  Aquatics \_\_\_\_\_  Childcare \_\_\_\_\_

**FINANCIAL INFO:** This application will not be processed without listing and providing verification of all household income. List gross amount (before taxes) you receive a month from each source. Check that verification is attached.

Income Source	Adult 1 Name:		Adult 2 Name:		Other Name:	
	Amount	Verification?	Amount	Verification?	Amount	Verification?
Previous Year Tax Return						
Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps/WIC						
Child/Spousal Support						
Worker's Compensation						
Rental/Utility Assistance						
Other (in-kind support)						
<b>TOTAL EACH MONTH</b>						

**How much can you afford to pay for your membership/program?** \_\_\_\_\_

**HONESTY AGREEMENT:** I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented on this form. I understand my financial assistance is based on need and that I must apply again every year. In the event that my situation changes, I will contact the YMCA immediately. **I understand that if I falsify this information, I will not be eligible for assistance now or in the future.** I have attached all applicable financial information and proof of income to this application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_