



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUPPORTING OUR NEIGHBORS

## Financial Assistance Program

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Stateline Family YMCA ensures that every individual and family can learn, grow and thrive.

### 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 ability to pay. Through our financial assistance program, the Stateline Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

- The financial assistance program reduces membership fees; it does not eliminate them.
- Because the demand for financial assistance is great, the YMCA must follow the eligibility guidelines. Assistance will be awarded on a first come, first serve basis, subject to available resources.\*
- The YMCA reserves the right to adjust assistance as needed during any given calendar year.
- Once approved, assistance will be granted for 12 months.
- The YMCA requests that individuals and families reapply annually, with updated documentation.
- Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire.
- Please contact us if you have any questions.

Please allow for a two week processing time. You will receive written notice via mail regarding the status of your application.

\* Financial assistance funds are available only as donations allow



# FINANCIAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

## ADDITIONAL FAMILY MEMBERS

Parent/Guardian/Adult \_\_\_\_\_

DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Membership \_\_\_\_\_ Childcare \_\_\_\_\_ Swim Lessons \_\_\_\_\_

Youth Sports \_\_\_\_\_ Gymnastics \_\_\_\_\_

### Application Process

Complete the financial assistance application and a membership application. **PROVIDE A COPY OF THE MOST CURRENT OF THE FOLLOWING INCOME VERIFICATION DOCUMENTATION, AS APPLICABLE. Applications returned without proper documentation will not be considered for financial assistance.**

- Most recent Federal **Income Tax return** (1040 or equivalent, not W-2 forms) is required for all individuals in the household age 18 years or older.
- If receiving SSI or disability benefits, then submit your most recent **Social Security Award Letter**.
- Last **two paystubs** for all individuals in the household age 18 years or older.
- **Child support** and/or **Alimony** monthly documentation.
- **Unemployment** monthly compensation statement.
- **Pension** monthly benefit statement.
- Documentation with names of eligible person(s) for **Subsidized Housing statement** and **Food Stamps statement**.
- **Verification of residence** may be required for all those listed on the membership.

Combined Monthly Gross Wages	\$
Child Support or Alimony	\$
Social Security/Unemployment	\$
Food Stamps/Housing Assistance	\$
Other income (List sources and amount)	\$
Total Monthly Household Income	\$

By signing below I am requesting financial assistance from the YMCA due to my personal circumstances and I certify that all the information contained in this application is accurate and truthful. I also understand that if any information is found to be false, this application will be immediately denied.

Signature: \_\_\_\_\_

**TELL US MORE....**Please explain why you are for applying for financial assistance and how assistance would benefit your family and/or you.

### FOR OFFICE USE:

Approved Yes \_\_\_ No \_\_\_ Discount % \_\_\_\_\_ Approved/Declined by \_\_\_\_\_ Date \_\_\_\_\_