

HERE FOR ALL



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINANCIAL ASSISTANCE PROGRAM

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, Stateline Family YMCA provides assistance to youth, adults, and families based on individual needs and circumstances.

HOW DOES IT WORK?

- 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 served 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 up to 12 months.
- If payment is not made by the 20th of each month, financial assistance will be deactivated without the ability to reapply for 6 months
- The YMCA requests that recipients reapply annually, including updated documentation. If you do not reapply at the time requested, your membership will expire.
- Membership fees are subject to change when you reapply.
- Please allow a two-week processing time. You will receive written notice via mail regarding the status of your application.

QUESTIONS?

Contact Ruthie at 608-365-2261 or
rleavy@statelineymca.org.

**Financial assistance funds are available only as donations allow.*

statelineymca.org/financialassistance



FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

NAME	
MAILING ADDRESS	
CITY/STATE/ZIP	
CELL PHONE	
HOME PHONE	
EMAIL	
DATE OF BIRTH	

Membership ____ Childcare ____ Swim Lessons ____ Youth Sports ____ Gymnastics ____

ADDITIONAL FAMILY MEMBERS

ADULT/ PARENT/ GUARDIAN	NAME _____ DOB _____ MALE / FEMALE
CHILD	NAME _____ DOB _____ MALE / FEMALE
CHILD	NAME _____ DOB _____ MALE / FEMALE
CHILD	NAME _____ DOB _____ MALE / FEMALE
CHILD	NAME _____ DOB _____ MALE / FEMALE

APPLICATION PROCESS

Complete this 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 W2 forms) is required for all individuals in the household 18+ years old
- If receiving SSI or disability benefits, submit your most recent **Social Security Award Letter**
- **Last two paystubs** for all individuals in the household 18+ years old
- **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 listed on the membership

TELL US MORE . . . Explain why you are applying for financial assistance and how it would benefit you/your family.

COMBINED MONTHLY GROSS WAGES _____
CHILD SUPPORT OR ALIMONY _____
SOCIAL SECURITY/UNEMPLOYMENT _____
FOOD STAMPS/HOUSING ASSISTANCE _____
OTHER INCOME _____
<i>(Attach documentation for sources and amounts)</i>
TOTAL MONTHLY HOUSEHOLD INCOME _____

By signing below, I am requesting financial assistance from the YMCA due to my personal circumstances. 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 _____
 DATE _____