



FINANCIAL ASSISTANCE APPLICATION

Confidential Application

What is the People Helping People Financial Assistance Program?

It is a scholarship program for individuals and families who might not otherwise be able to afford YMCA membership or programs.

Financial assistance funds are allocated from donations received from our Strong Kids Campaign, foundation grants and special events. Approved financial assistance is available for individuals and families on a needs-based sliding scale, based on household income and household size, and other extenuating circumstances.

To evaluate your needs, the YMCA requires information about your financial situation. Applications are processed on the 15th and 30th of each month. **Applications will be considered incomplete, and returned back to the applicant until all necessary application items are submitted.**

NOTE: Please do not include originals of any documents, as they will not be returned unless the scholarship application is incomplete. For your privacy, all information is kept confidential and treated with the utmost sensitivity.

If the following information applies to you or any adult (s) residing in the household, it is required to be included with your application form:

- Completed application form
- Most recent tax return (or) Form 1099, W-2 (if return not yet filed)
- IRS Schedule C if self-employed
- Current pay stubs
- Disclosure of investment income, pensions and IRA accounts
- Other financial assistance received, (college aid, child support, alimony, etc.)
- All bank statement summaries from the past 60 days
- If an adult household member is unemployed, submit state unemployment documentation (or) provide documentation showing actively seeking employment, or justification for unemployment status
- Copies of any award letters for: social services, SSI, TANF, food stamps, housing assistance, foster child payment slips
- *Copies of any award letters for: Social Security Income Disability or group home residency

Items noted with “ * ” may have qualifying factors to be considered for an annual scholarship award, and may be reviewed on an annual basis (all other applicants need to reapply every six months):

* Group home and dependent care applicants are applicants requiring a program coordinator or specialized dependent care from an individual who manages all financial and daily activities, and provides direct supervision of the applicant’s daily care.

* Social security income disability [SSD] recipient applicants, are applicants with a current United States Department of Social Security award letter.

Which type of membership will you apply for?

| | | | | | |
|---------------------|--|----------------------|--|------------------------|--|
| Youth (6-17) | | Adult (25+) | | Two-Adults + Children | |
| Young Adult (18-24) | | One-Adult + Children | | Two-Adults No Children | |

Applicant Required Information

List all persons in your household

| | | |
|----------------------------------|-----------|------|
| Applicant's Name: | Adult #1: | Age: |
| Address: | Adult #2: | Age: |
| City: | Child: | Age: |
| State: Zip: | Child: | Age: |
| Home Phone: () | Child: | Age: |
| Cell Phone: () | Child: | Age: |
| Email: | Child: | Age: |

Group Home Resident (Circle) YES NO Name of Facility/Coordinator _____

Employment Information: Adult #1

| | |
|-----------------------|---|
| Employee Name: | |
| Employer Name: | Position: |
| Length of Employment: | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |

Employment Information: Adult #2

| | |
|-----------------------|---|
| Employee Name: | |
| Employer Name: | Position: |
| Length of Employment: | <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time |

| Monthly Income | | Monthly Expenses | |
|----------------|--|------------------|-----------------------------------|
| \$ | Household Income | \$ | Rent OR Mortgage (circle one) |
| \$ | Social services, SSI, SSD, TANF, food stamps, housing assistance, foster child payment slips | \$ | Child Care/Child Support |
| \$ | Other financial assistance received (college aid, child support, alimony, etc.) | \$ | Healthcare/Special Needs Expenses |
| \$ | TOTAL | \$ | TOTAL |

I certify that the above information is true and complete to the best of my knowledge, and I do not have additional income not represented above. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Required Signature of Applicant _____

Date _____

| | | |
|--------------------|-----|----|
| Approved | YES | NO |
| Date | / | / |
| Program%/MMship% | / | |
| Draft Amt/6 MoAmt. | / | |
| Exp. Date | / | / |
| MMship Cat. | | |
| Join Fee | YES | NO |

| |
|--|
| TELL US MORE: Include any additional information or extenuating circumstances that were not included on this application: |
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