



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EVERYONE IS WELCOME AT THE Y

## Financial Assistance Application

### 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 Washington County Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive. The Y is the largest charitable nonprofit in the nation. Our YMCA operates independently and exists to serve Washington County. We are supported by fees and charitable donations received from our neighbors.

### 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 age, income, or background. Through our Financial Assistance Program, the Washington County Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

The amount of assistance provided is handled by the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

1. Financial Assistance is available to those who qualify; based on household income as indicated by a sliding scale.
2. Financial assistance applications will be granted for 1 year, unless special circumstances are agreed upon with Membership Director or CEO.
3. The YMCA requires that individuals and families reapply by the expiration date noted. Failure to reapply will result in an automatic draft at regular membership rate. This will occur on the 15<sup>th</sup> day of the month immediately following the subsidy expiration.
4. The YMCA will not notify a member of expiring subsidy. YMCA is not responsible for reimbursing membership fees or overdraft fees that may occur as a result of an expired subsidy.
5. Membership fees are subject to change when you reapply.

**I have read and understand the guidelines of the financial assistance in which I am requesting.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Start Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Member Copy \*Staff Copy

# Financial Assistance Application

## 1. APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

## 2. ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent/Guardian/Adult \_\_\_\_\_ DOB \_\_\_\_\_  
 Child \_\_\_\_\_ DOB \_\_\_\_\_  
 Child \_\_\_\_\_ DOB \_\_\_\_\_  
 Child \_\_\_\_\_ DOB \_\_\_\_\_  
 Child \_\_\_\_\_ DOB \_\_\_\_\_  
 Other dependent(s) \_\_\_\_\_ DOB \_\_\_\_\_

3. ASSISTANCE THAT YOU ARE APPLYING FOR: (Check all that apply) Membership \_\_\_ Program \_\_\_ Camp \_\_\_ After School \_\_\_

## 4. INCOME SOURCE (Must include income for all individuals in the household)

Monthly Amount	Proof of Income Must be Attached
Employment \$	2 Most recent paycheck stubs or statement signed by Employer with gross wages, or <i>Work One</i> documentation
Child Support \$	Checks, printout from the child support office
Disability, Veteran's Compensation, Social Security or SSI \$	Award letters or bank statements showing direct deposits
Unemployment \$ Compensation	Unemployment statement or weekly benefit computer print-out
Self-Employment \$	Most recent Federal Tax Return
Food Support \$	Documentation from County or Disbursement History
Housing Assistance \$	Official Document from agency or person providing support
<b>Total Gross Monthly Income \$</b>	<b>Are all required documents attached?</b> ___ Yes ___ No

Why are you applying for financial assistance (feel free to use the back of this page)? -

---



---

## 5. THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS

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 sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

**Office Use:**  
 Date evaluated: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Subsidy Award \_\_\_\_\_ %

Monthly Amount \_\_\_\_\_ Join Fee Amount \_\_\_\_\_ Staff Approval: \_\_\_\_\_