



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO ALL

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 Salt Fork YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The Y welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. The Salt Fork YMCA provides assistance to youth, adults and families

COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA member services in a fair and consistent manner. Every Y member receives the same membership benefits, regardless of whether or not they receive financial assistance. Y 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.

Financial assistance reduces membership fees; it does not eliminate them.

All financial 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 member services with any questions.



saltforkymca.org



Financial Assistance Application

Applications will not be processed unless application is complete and supporting documentation is attached.

1 APPLICANT INFORMATION

Name _____

Address _____

City _____

State _____ Zip Code _____

Home Phone () _____

Cell Phone () _____

Email _____

If applicant is under 18, parent or legal guardian's name _____

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance

<input type="radio"/> Adult	DOB _____
<input type="radio"/> Adult	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Child	DOB _____
<input type="radio"/> Other Dependents	DOB _____

* Proof of residency for all listed dependents is required at time of application.

3 I AM APPLYING FOR

Check category for which you are applying

<input type="checkbox"/> Youth (17 & under)
<input type="checkbox"/> Adult
<input type="checkbox"/> Household
<input type="checkbox"/> Senior (65+)
<input type="checkbox"/> Senior Couple
<input type="checkbox"/> Single Parent

Other: Please Specify _____

4 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

<p>↓ I FILED FEDERAL TAXES FOR LAST YEAR ↓</p> <p><input type="radio"/> 1040 Federal Tax Form(s) for all incomes in household</p> <p><input type="radio"/> I am an individual filing jointly; I am providing ONE 1040 form.</p> <p><input type="radio"/> We filed more than ONE tax form in our household; We are providing ___ 1040 forms.</p> <p>\$ _____ Total Annual Household Income</p>	<p>↓ I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR ↓</p> <p><input type="radio"/> Documents showing most recent 30 day of income (including pay stubs or documentation of government assistance)</p> <p>\$ _____ x 12 = _____ 30 days of income Months</p> <p>\$ _____ Total Annual Household Income</p> <p>Find support documents you may need to provide by contacting the Family Support Division, Housing Authority or Social Security Administration.</p>
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5 Tell us more...

Please include any additional information or extenuating circumstances that were not included on this application on the attached page. Also include how a YMCA membership will benefit you and your family.

Office Use Only

Application Date: _____

Assistance Awarded: _____

Staff Member Initials: _____

6 I hereby certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA in writing of any changes in information supplied in this application such as income, address, living arrangements, marital status or other matter that might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can and my result in immediate revocation of membership and program privileges.

Signature of person completing this form

Date

Attach all application financial documents and turn in at your local YMCA. All application must be renewed every 12 months

