



Financial Assistance Application

_____/_____/_____
 First Name Middle Initial Last Name Application Date

Is this a NEW or RENEWAL application? New Renewal
 Are you a current YMCA member? Yes No

I am applying for assistance for the following:

MEMBERSHIP ASSISTANCE

Family Membership Adult Membership Teen/Student Membership Youth Membership

PLEASE NOTE: FINANCIAL ASSISTANCE FOR PROGRAMS ARE ONLY AWARDED TO YMCA MEMBERS.

CAMP ASSISTANCE

Number of children applying for camp scholarship: _____. Please indicate weeks of camp needed:

Week 1 Week 2 Week 3 Week 4 Week 5
 Week 6 Week 7 Week 8 Week 9 Week 10
 Week 11

PROGRAM ASSISTANCE *(Please note: Assistance for child care requires a separate application)*

Sports Aquatics Youth/Teen

INCOME DOCUMENTATION INCLUDED WITH APPLICATION

A copy of your most recent 1040 Income Tax Return, (Form 1040 or 1040EZ). If married filing separately, both forms are required. If you do not have a copy, call the IRS at (800) 829-1040
 Two recent paycheck stubs (include spouse's if applicable)

If you do not file a 1040 tax return, please indicate other documentation you are providing to support your household income:

A copy of your SSI letter
 A copy of your unemployment benefits
 A copy of your two most recent bank statements
 A copy of your documentation for social services such as Food Stamps, Section 8 Housing, WIC
 W7 Form as provided to IRS

Please be aware that documents provided for income verification will not be returned to you. Please mark out Social Security numbers prior to submitting your copies.

YMCA STAFF USE ONLY	
Please verify that the income documentation checked above is included with this application. If incomplete, return to applicant.	
Date Received:	Staff Name:
<input type="checkbox"/> Application Status?	(status/date)
<input type="checkbox"/> Review Date	



Financial Assistance Application

The YMCA of the Palms is a not-for-profit health and human service organization committed to helping all people grow in spirit, mind and body. We are here to serve people of all ages, backgrounds, abilities, and incomes. The YMCA is community-based and believes that its programs and services should be available to everyone. Through the generosity of individual and corporate donations and grants from the United Way of Lee County and the Bonita Springs Assistance Office, the YMCA is able to provide assistance to those in financial need.

ELIGIBILITY

- Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as primary criteria. Financial assistance is based on a sliding scale.
- The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of his/her YMCA involvement, therefore, all financial assistance recipients will pay a percentage of the membership and program fees.
- Financial Assistance is granted for one year. Upon expiration, the recipient must reapply with current information for the upcoming year.

HOW TO APPLY

Applicants must complete all sections of the Financial Assistance Application. Please do not leave any spaces blank. Documentation from all sources of income must be provided.

The following items must be included with the application:

1. A copy of your most recent 1040 Income Tax Return, (Form 1040 or 1040EZ). If married filing separately, both forms are required. If you do not have a copy, call the IRS at (800) 829-1040 and request a transcript.
2. **Two** recent paycheck stubs (include spouse's if applicable)

If you do not file a 1040 tax return, we need you to provide documentation to support your household income. Please provide all of the following that apply to your situation or copies of other documents you feel would assist us in determining your household income.

- A copy of your SSI letter
- A copy of your unemployment benefits
- A copy of your two most recent bank statements
- A copy of your documentation for social services such as Food Stamps, Section 8 Housing, WIC
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PROCESSING

Financial Assistance eligibility will be determined by our administration based on a review of the applicant's complete information.

1. Within seven (7) business days after receipt of your application, you will receive a letter from the YMCA acknowledging receipt of your financial assistance application. If any documentation is missing from your application, you will be notified in this letter. Incomplete applications will not be processed and will be destroyed after 90 days.
2. Once we have a complete financial assistance application, it will be reviewed and an award determination will be made within fifteen (15) business days. You will be notified by mail whether or not you have been approved.

All information contained in the Financial Assistance Application will remain confidential.



Financial Assistance Application

The YMCA is committed to serving people regardless of their ability to pay. However, our resources are limited and we expect everyone to share a percentage of membership and program fees based on their documented financial ability within our guidelines. **You must complete all information and provide verification of all sources of income in order for your application to be processed. Please answer all information as accurately and honestly as possible and allow at least 15 business days for processing.**

PERSONAL INFORMATION

First Name	Middle Initial	Last Name

Street Address		

City/State/ZIP Code		
()	Please indicate	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Preferred Phone Number		

E-mail Address		Date of Birth
		/ /

LEGAL HOUSEHOLD DEPENDENTS

Number of people living in your household that are dependant on the household income:

Number of Adults (including yourself): _____

Number of Children/ Dependents: _____

Total number: _____

For the people listed as living in your household, please complete the information below:

Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: _____	Date of Birth: / / _____	<input type="checkbox"/> Male <input type="checkbox"/> Female



Financial Assistance Application

INCOME INFORMATION

Last year our annual household income (before tax) was \$ _____
(Please provide the income for all adult wage earners living at the address.)

Income documentation – Please provide . . .

- A copy of your most recent 1040 Income Tax Return, (Form 1040 or 1040EZ). If married filing separately, both forms are required.. If you do not have a copy, call the IRS at (800) 829-1040
- Two** recent paycheck stubs (include spouse’s if applicable)

If you do not file a 1040 tax return, we need you to provide documentation to support your household income. Please provide all of the following that apply to your situation or copies of other documents you feel will assist us in determining your household income.

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Please be aware that documents provided for income verification will not be returned to you. Please mark out Social Security numbers prior to submitting your copies.

Changes?

- The information submitted accurately reflects my current household income. There are no changes to my current financial situation.
- The information submitted does NOT accurately reflect my current household income.

Current monthly gross income: \$ _____ Here’s why it changed:

SPECIAL CIRCUMSTANCES

- I do not have any special circumstances I want the YMCA to consider.
- I’ve described some special circumstances below that I’d like the YMCA to consider. Please use an additional sheet, if necessary.

VERIFICATION AND AUTORIZATION

In accordance with the character values of caring, honesty, respect, and responsibility, I verify that the information provided on this application is true, accurate, and complete. This includes, but is not limited to, the selection of membership category, covered individuals, and documentation of income and expenses for all adult wage earners. I understand that incomplete applications will not be processed.

Applicant’s Signature

Date

YMCA Mission:

To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

www.ymcapalms.org