

Financial Assistance



We build strong kids, strong families, strong communities.

- Caldwell
- Downtown
- West

Please read the following before completing the application.

We require the following documentation:

- A completed YMCA Financial Assistance form and Membership Application
- A copy of your most recent tax return (1040 form)
- A copy of your most recent year-to-date pay stub from each member of the household who is working
- Documentation of SSI, SSD, food stamps, AFDC, unemployment, student loans, financial aid, child support, foster care license (if filling out application for a foster child), a personalized letter, etc.
- If you are self-employed, please include your monthly bookkeeping documents.

You may submit letters from other community organizations from which you receive financial support, although they cannot be used as a substitute for the requested forms listed above. Incomplete applications will delay our ability to serve you. Please note that if at any time you choose to discontinue your membership, you are required to notify the YMCA in writing or in person by the last day of the current month. This will allow you to avoid charges for unused membership.

Individuals who can be included in a family unit receiving financial assistance are only those claimed on current tax returns. Other individuals may apply separately. Consideration will be given to special or extenuating circumstances. Our goal is to take action on applications as quickly as possible. You should expect a response in approximately 2-5 days.

Assistance Information

Financial assistance is for:

- Family membership
- Family membership with Child Watch
- Individual membership
- Program membership

How much can you contribute per month towards your membership? \$ _____

How much can you contribute towards your YMCA program? \$ _____

Have you ever applied for YMCA assistance before?
 Yes No

Are you currently receiving any assistance?
 Yes No

Adults in household _____
Dependent children in household _____

Income

Monthly gross income from wages/salary \$ _____

Other monthly income (public assistance, child support, etc.) \$ _____

Total household income last year \$ _____

Monthly expenses

Mortgage/Rent \$ _____

Utilities \$ _____

Medical expenses \$ _____

Other expenses: _____ \$ _____

Other expenses: _____ \$ _____

Total monthly expenses \$ _____

I certify this information is true and complete to the best of my knowledge. I understand it is my responsibility to notify the YMCA regarding changes in my financial and/or membership status. I understand and agree that the YMCA may make contacts to verify this information. I understand that my financial need may be re-evaluated at any time by the YMCA. I authorize employers and/or other income sources to release financial information to the YMCA. I also understand all information will remain confidential.

Print name _____

Signature _____ Date _____

F.A. Reviewer: _____ Date: _____

Income tax return

Current YTD wage stubs

Other documentation

Notification: _____

Monthly fee: \$ _____

Short-term fee: \$ _____

Joining fee: \$ _____

Child Watch fee: \$ _____

Assistance %: _____

Renewal date: _____

Front desk staff: _____

Date: _____

Date received: _____

Prorated fee: \$ _____

Monthly fee: \$ _____

Joining fee: \$ _____

Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

Membership #: _____

Bank draft

Pay in full (# of months: _____)

Short-term

Receipt #: _____