

Helena Family YMCA

CONFIDENTIAL APPLICATION FOR FINANCIAL ASSISTANCE

Section 1 – INFORMATION ABOUT THE ADULTS IN THE HOUSEHOLD

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Cell Phone(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Section 2 – INFORMATION ABOUT THE CHILDREN IN THE HOUSEHOLD

Child's Name – first, middle initial, last	Sex	Birth Date	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Number of Individuals in Household _____

*Household – defined by those individuals claimed on same tax return

For YMCA office use only:

Date Received: _____

New Renewal

Staff Received: _____

Total Annual Income: _____

Approved: Yes No Amount: _____ Membership Type: _____

Office Manager Signature: _____ Date: _____

Section 3 – GROSS HOUSEHOLD INCOME

Please supply & attach the following:

_____ 2007 IRS Tax Return **AND**

_____ One month pay stubs of all wages earned
within household

_____ Complete Gross Household Income
Worksheet (Attached)

Section 4 – EXTENUATING CIRCUMSTANCES

Please provide a brief description of why you are applying for YMCA financial assistance.
Include financial, family, or other facts relevant to your situation:

I hereby certify, under penalty of perjury, that the information I have provided is true and correct as of this date, to the best of my/our knowledge. I authorize the YMCA and their representatives access to any and all financial records necessary to verify the information contained in this application. **I agree to notify the YMCA, within 10 working days of any changes in the circumstances regarding the information contained in this application.** I agree to respect and follow all YMCA policies and procedures.

SIGNATURE(S): _____

DATE: _____
DATE: _____

The information disclosed in this application is confidential and will only be shared with appropriate Helena Family YMCA staff on a need-to-know basis.

All scholarship are valid 6 months from the start of membership date at which point the membership will only be renewed with current income information provided.

GROSS HOUSEHOLD INCOME WORKSHEET

Name(s): _____

HOUSEHOLD ADULT EMPLOYMENT INFORMATION

Employment Information: Must include ALL adults (18 and older) and all jobs of the individuals living in household – married or unmarried

Name of Employer: _____

Salary (annually/per hour/ per month): _____ # of hours per pay period: _____

Name of Employer: _____

Salary (annually/per hour/ per month): _____ # of hours per pay period: _____

***Please use reverse side of this form if more space is needed**

Other Income:

Child Support documentation \$ _____

Alimony documentation \$ _____

Unemployment – notification letter \$ _____

State Industrial Insurance – claim letter \$ _____

Public Assistance – award letter \$ _____

Food Stamps – award letter \$ _____

Student Awards/Grants – award letter(s) \$ _____

Foster Care – award letter \$ _____

Social Security (SSI/SSA) – award letter \$ _____

Assisted Housing Allowance \$ _____

Other _____ \$ _____

TOTAL ANNUAL GROSS INCOME \$ _____

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SIGNATURE(S): _____

DATE: _____

DATE: _____

Helena Family YMCA Financial Assistance Policy and Procedure

Mission: The Helena Family YMCA is a non-profit organization dedicated to building self-esteem and enriching the spirit, mind and body for persons of all ages and economic levels.

Policy: The Helena Family YMCA is an inclusive organization that believes no one should be denied the privilege of participation in one of our life-enriching programs. Financial Assistance is made possible by donated funds from the Friends of Youth Campaign and the United Way.

Eligibility: Financial assistance will be granted based on the need demonstrated by household income and/or extenuating circumstances. To explain extenuating circumstances (changes in employment status, family illnesses, etc.) use the space provided on the application, or attach a letter of explanation/request. Additionally, proof of any other funds received (child support, SSI, aid to dependent children, food stamps, etc.) must be attached or the application will be denied until proof is received. Failure to attach all required forms and letters will cause delays in your application being processed.

The Helena Family YMCA believes a sense of ownership and pride is developed if the recipient contributes to the cost of the program or membership. All applicants will be required to pay at least half of the fees. The applicant may also contribute hours of volunteer hours, and should demonstrate a desire and commitment to participate in the healthy, active lifestyle we promote.

Application: Applications are available at the front desk at the YMCA. All applications must be completed thoroughly and accurately. **Verification of income and expenses must accompany the application before it can be processed. A delay in processing of your application will occur without this information.** Apply early to avoid delay in your program requests.

Program Fee Assistance

The Helena Family YMCA will offer assistance up to half the fee amount in

**Aquatic Classes *Fitness Classes *Child Care *Resident Camp *Day Camp *Special Programs*

Complete the Financial Assistance form as instructed. You must indicate the specific class or program you want. Child Care applications are issued in September for the entire school year and by June for the summer program. Applications for child care will be accepted after these dates if funding is available. All other program requests will be processed within four to six weeks of application and will be good for the next available program session. Participant will need to reapply for each new session by filling out a new assistance application.

Membership Fee Assistance

**Joining Fee Assistance* if you can pay membership fees but need assistance getting started.

Or

**Full Assistance* to cover joining fee and up to half of the membership fees.

Membership Fee Assistance payments must be received by the 10th of the month. The length of membership awarded is up to six months and members may reapply for assistance. Any membership left unpaid, or inactive for up to 3 consecutive months will be considered delinquent and may be cancelled. If funds are limited, priority is given to families, youth and people with special medical considerations.

Members receiving Financial Assistance for membership can activate their membership anytime within the designated time by paying the specified fee. Postponing payment will not lengthen the expiration date of the application.

Funding: Financial Assistance is made possible by charitable contributions to the Helena Family YMCA, including the Friends of Youth Campaign, and by funds received from the United Way. Talk to a staff member to see how you may be a valuable part of this process.