NEW APPLICANT

Financial Assistance Application for Membership

YMCA Mission
To pur Christian principles into practice through programs that build healthy spirit, mind and body for all.

Our Commitment
It is the goal of the YMCA to be affordable to all. Financial Assistance is made available to individuals and families who are unable to pay the full cost of memberships.

Annual Campaign
Financial Assistance is made possible by the generous support of members, individuals, foundations, and businesses who contribute to the YMCA Annual Campaign.

YMCAyo.org • Any questions contact Leslie Bartels (330) 480-5662 or lbartels@youngstownymca.org
STEP 1: PERSONAL INFORMATION (please print):

Name_______________________________________________________________   _____Male  _____Female   Date of Birth_____/_____/_____  
(Parent/Guardian if applying for child)

Home Phone__________________________________________________________    Cell Phone___________________________________________  

Address______________________________________________________________________________________________________________________  

City_____________________________________________________________________________    State________________________    Zip__________  

Email Address________________________________________________________________________________________________________________  

Marital Status_______________________________    Number of Legal Dependents_______________________________  

Second Adult Cell Phone_____________________________    Second Adult Email___________________________________________________  

STEP 2: HOUSEHOLD INFORMATION

Please provide information for all persons living in your household.

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<th>NAME (First, Last)</th>
<th>M or F</th>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP</th>
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STEP 3: EMPLOYMENT INFORMATION

Employer Name_________________________________________________________    Length of Employment_____________  

Second Adult Employer____________________________________________________   Length of Employment_____________  

STEP 4: MEMBERSHIP INFORMATION

Applying for assistance for the following membership types: (check all that apply)

___ Student   ___ Adult    ___ 2 Adult Household    ___ Single Parent Household

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## STEP 5: MONTHLY INCOME/EXPENSE WORKSHEET

### EMPLOYMENT INCOME:
(Food assistance not applicable as income)
- $_________ Gross Monthly Income
- $_________ Other Adult(s) Gross Monthly Income

### INCOME FROM OTHER SOURCES:
- $_________ Social Security Income
- $_________ Social Security Disability
- $_________ Child Support
- $_________ Alimony
- $_________ Ohio Works First
- $_________ Utility Subsidy
- $_________ Veterans Assistance
- $_________ Pensions
- $_________ Unemployment
- $_________ Welfare
- $_________ Workers’ Compensation
- $_________ Foster Child Stipend
- $_________ Other

**Total Monthly Income:** $_____________________________

**Total Annual Income:** $_____________________________

### HOUSING:
- $_________ Rent
- $_________ Mortgage

### UTILITIES:
- $_________ Electric
- $_________ Water
- $_________ Gas
- $_________ Cell Phone
- $_________ Land Line
- $_________ Internet
- $_________ Cable

### OTHER EXPENSES:
- $_________ Auto Ins.
- $_________ Auto Payment
- $_________ Groceries
- $_________ Gas for Vehicles
- $_________ Child Care
- $_________ Child Support
- $_________ Credit Cards
- $_________ Student Loans
- $_________ Medical Expenses (insurance premiums, medical co-pays, prescriptions, past medical bills currently paying on)
- $_________ Other / Please Explain: ____________________________

**Total of all Monthly Expenses:** $_____________________________

### HOW MUCH CAN YOU AFFORD TO PAY MONTHLY FOR YOUR MEMBERSHIP? $________

## STEP 6: HELP US, HELP YOU

In the space below (or submit additional sheet), tell us about you and/or your family and how membership at the YMCA can benefit you. Please include why you are asking for Financial Assistance at this time and of any special circumstances our committee should be made aware of.

For Renewal Applicants: please ADD how your previous Financial Assistance from the YMCA has impacted you and/or your family’s lives.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Your stories may be shared with YMCA donors to let them know the impact of their generosity. Thank You

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**IMPORTANT:** This document must be completed in full, Steps 1-8, before processing will occur.
STEP 7: FINAL DOCUMENT CHECKLIST

The following documents are required to process your request. Use the checklist below:

___ Completed Financial Assistance Application, Steps 1-8

___ Copy of first three pages of your most recent tax return that was filed with the IRS. The information must include adjusted gross income and list of dependents. Please cross off social security numbers. If you do not have a copy of your taxes, please contact the IRS at 1-800-908-9946 or visit http://www.irs.gov/individual/get-transcript

___ Copy of one month of paycheck stubs and proof of ALL other income that comes into the household (Child Support, Disability Statement, Unemployment, letter of hardship, etc). This information must be provided for all adults in the household. If it is not clearly indicated on your paycheck stub, please write your name, period of time the checks are for, and how often you are paid.

___ Social Security award letter or SSA-1099 benefit statement.

___ For foster children only, provide a copy of stipend from DSS.

** Other documentation may be requested.

THANK YOU FOR TAKING THE TIME TO ACCURATELY COMPLETE THIS APPLICATION. YOU WILL BE NOTIFIED AS TO THE STATUS OF YOUR APPLICATION WITHIN 30 DAYS.

STEP 8: AUTHORIZATION

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Financial Assistance Program.

_________________________________________             _________________________
Signature of Applicant                                                                         Date

MAIL TO: Leslie Bartels, Financial Assistance Coordinator
Davis Family YMCA
45 McClurg Road
Boardman, OH 44512

or DROP OFF TO: Membership Staff at the Central YMCA in downtown Youngstown or the Davis Family YMCA in Boardman.

FOR YMCA USE ONLY
APPROVED: ___YES      ___NO      YMCA TO PAY_____%      RECEPIENT TO PAY_____%

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