



\_\_\_ New Applicant  
\_\_\_ Renewal

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**ALWAYS HERE  
FOR OUR  
COMMUNITY**



## **Financial Assistance Application for Membership**

### **YMCA Mission**

To put 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.

IMPORTANT: This document must be completed in full, Steps 1-8, before processing will occur.

### 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.

	NAME (First, Last)	M or F	DATE OF BIRTH	RELATIONSHIP
1				
2				
3				
4				
5				
6				
7				
8				

### 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

IMPORTANT: This document must be completed in full, Steps 1-8, before processing will occur.

## STEP 5: MONTHLY INCOME/EXPENSE WORKSHEET

### MONTHLY INCOME

#### 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: \$ \_\_\_\_\_

### MONTHLY EXPENSES

#### HOUSING:

\$ \_\_\_\_\_ Rent \_\_\_\_\_ Mortgage

\$ \_\_\_\_\_ Property Taxes and/or Homeowner's Insurance, if not included in 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

## 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 \_\_\_\_\_%    RECIEPIENT TO PAY \_\_\_\_\_%