___ 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 afforable 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
Central: Sonia Patton 330-744-8411 ext. 100 spatton@youngstownymca.org
Davis: Annette Lenton 330-480-5664 alenton@youngstownymca.org

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

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STEP 5: MONTHLY INCOME/EXPENSE WORKSHEET

MONTHLY INCOME

EMPLOYMENT 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

$_____ Food Assistance

$_____ Workers' Compensation

$_____ Foster Child Stipend

$_____ Other (Include any food assistance)

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.

_____

_____

_____

_____

_____

_____

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: Sonia Patton
Central YMCA
17 N Champion St
Youngstown, OH 44503

Annette Lenton
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_____%

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