



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## FINANCIAL ASSISTANCE PROGRAM APPLICATION

The Harrison Family YMCA is committed to ensuring no one is turned away due to inability to pay. A scholarship reduces membership dues or program fees; it does not eliminate them. This is how our Financial Assistance program works...

- Please complete this application and return it with the following:
  1. A copy of your previous year federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-1040) for a verification of non-filing or go to IRS.gov for other information.
  2. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or receive other assistance, please provide a summary of your monthly awarded amounts.
  3. A letter of request (on your own paper) explaining why you seek financial assistance from the Harrison Family YMCA. Please clearly explain any particular circumstances which affect your household situation. Your application packet will be returned to you if this letter is not included.
- We are unable to process incomplete applications. All household income must be verified by attaching proof of wages and benefits you receive. You must also attach proof of any extenuating circumstances (e.g., medical bills, school bills, proof of eviction/job loss, etc.).

### Reasons you may be ineligible for financial assistance:

- Failure to return completed application and required documentation at annual renewal.
- Present more than one check returned for insufficient funds or miss more than one payment.
- Falsifying information on Financial Assistance Application.
- Failure to provide required paperwork from government subsidized programs.

### PLEASE PRINT ALL INFORMATION BELOW

**APPLICANT INFORMATION** Are you new to Financial Assistance or is this a renewal?

Please circle:    New       /       Renewal

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Office Use Only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Verification?    Yes    No

Approved? Yes    No       Percent Awarded: \_\_\_\_\_ Expires: \_\_\_\_\_

Joining Fee: \_\_\_\_\_ Monthly Dues: \_\_\_\_\_ Alert in Daxko?    Yes    No

## HOUSEHOLD INFORMATION

Please list all individuals living in your household, including yourself. Tax information must reflect those listed below. You may turn in more than one tax return if filed separate. We consider total household income when reviewing applications for the Financial Assistance program. You should mark YES for "receive income?" for any individual who contributes wages, tips, or benefits to the household.

Name (First/Last)		DOB	Age	Receive income?	
Applicant				Yes	No
Adult 2				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No
Child/Dependent				Yes	No

### I AM APPLYING FOR ASSISTANCE WITH:

#### MEMBERSHIP

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Youth                            | <input type="checkbox"/> Teen                             | <input type="checkbox"/> Young Adult |
| <input type="checkbox"/> One Adult Plus (with dependents) | <input type="checkbox"/> Two Adult Plus (with dependents) | <input type="checkbox"/> Senior      |
| <input type="checkbox"/> Two Senior                       | <input type="checkbox"/> Adult                            | <input type="checkbox"/> Two Adult   |

#### PROGRAMS (Please list specific program)

- Sports/Recreation \_\_\_\_\_  Aquatics \_\_\_\_\_  Childcare \_\_\_\_\_

**FINANCIAL INFO:** This application will not be processed without listing and providing verification of all household income. List gross amount (before taxes) you receive a month from each source. Check that verification is attached.

Income Source	Adult 1 Name:		Adult 2 Name:		Other Name:	
	Amount	Verification?	Amount	Verification?	Amount	Verification?
Previous Year Tax Return						
Wages & Tips						
Unemployment						
Social Security/Disability						
Food Stamps/WIC						
Child/Spousal Support						
Worker's Compensation						
Rental/Utility Assistance						
Other (in-kind support)						
<b>TOTAL EACH MONTH</b>						

How much can you afford to pay for your membership/program? \_\_\_\_\_

**HONESTY AGREEMENT** I certify that the information included in this application is true and complete to the best of my knowledge, and that I do not have additional income not represented on this form. I agree to provide additional information to support this information, if requested. I understand my financial assistance is based on need. In the event that my situation changes, I will contact the YMCA immediately. **I understand that if I falsify this information, I will not be eligible for assistance now or in the future.** I have attached all applicable financial information and proof of income to this application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_