

FA Checklist

For Office Use Only

Applicant Name: _____

Date Received ___/___/___

Received by: _____

New or Renewal → Membership Application (all **MUST** have!)

- Welcome Letter and Guidelines given
- Membership type(s) specified
- Programs specified
- All members in household listed (not just those wanting membership)
- Application signed
- F.A. Agreement forms signed
- Proof of income given
 - 3 or more consecutive paycheck stubs
 - SSI/Disability award letter
 - Other _____
- "Two Weeks" Time Explained

FA Coordinator: _____

Denied or Approved

Calculated on ___/___/___

Initial _____

Letter sent on: ___/___/___

Initial _____

Put into computer on: ___/___/___

Initial _____

Notes: _____



YMCA

We build strong kids,
strong families, strong communities.

Welcome to the YMCA of the East Valley. As part of our mission to make kids, families and communities stronger, it is our policy to make all our programs available to everyone with a desire to participate in them. It is because of this that we have our financial assistance program.

Every February, the YMCA has a Sustaining Campaign. During the Campaign, YMCA volunteers raise much-needed funds to help subsidize YMCA program operating costs. A major portion of this one-month effort becomes our financial assistance budget for the rest of the year. It is through the generosity of our donors that we have been able to provide financial assistance to our families in need.

Every application is evaluated individually based on an income sliding scale guideline and is subject to the terms as outlined in the Financial Assistance Agreement Form. Financial aid is given as a percentage reduction off regular YMCA fees. Based on your eligibility, you may qualify for 5% - 50% financial aid. We will not deny financial assistance to any individual who has shown genuine financial need. Your application is your first step in the financial assistance process. We will call you within two weeks of receiving your application.

Again, welcome to the YMCA of the East Valley. We look forward to having you as a part of our YMCA.

YMCA of the East Valley Financial Assistance Guidelines

The YMCA of the East Valley provides financial assistance funds to all individuals who qualify based on need. Every application is subject to the following terms:

1. Proper documentation. Applications will not be processed without proper documentation.

- 3 of your most recent, consecutive paycheck stubs
- **S.S.I./Disability** award letter
- **1040** tax papers

** (If you find it necessary to use an alternate form of proof of income, please have it first approved by the Financial Assistance Coordinator.)**

2. Each financial assistance grant is good for a six-month period.

Renewal applications must be received for financial assistance to continue. It is the applicant's responsibility to re-apply by the financial assistance application deadline.

3. Term limit of one year or two 6 month financial assistance periods.

To make our funds available to as many families as possible, every financial assistance recipient will be allowed a total of two (2) grants or one year's financial aid, not to exceed \$1,000 total lifetime award.

4. Financial assistance will be awarded for the period following receipt of application – no retroactive assistance will be granted.

It is the responsibility of the financial assistance applicant/recipient to submit his/her application by the financial assistance deadlines as follow:

Renewal applications are due on the 5th of the month prior to the end of your 6 month period. (See your Financial Assistance Agreement form at the end of the application.)

Financial Assistance Application

I Applicant Information

New

Renewal Application

Name: _____

Home Phone: _____

Address: _____

City/Zip: _____

For which membership type are you applying for?

Membership:
(type)

Youth (0-14)

High School

Young Adult (19-24)

Adult (25-61)

Senior (62+)

Family

Single Parent Family

Couples

Youth Basic

Family Basic

II Applicant's Plan for Using the Membership

Please list the programs you plan on using the membership for with the corresponding months.

Example: December: Adventure Day Camp, Swimming, Basketball, Water Aerobics, etc.

January: _____

July: _____

February: _____

August: _____

March: _____

September: _____

April: _____

October: _____

May: _____

November: _____

June: _____

December: _____

III Applicant's Description of Need of Financial Assistance

In your own words, please explain briefly why you should receive financial aid. Please explain your current financial situation.

IV Volunteer Work Availability

The information contained in this section will not affect your eligibility for financial assistance.

1. Please list any special skills that you might be able to share with the YMCA:

2. What hours, if any, might you be available to volunteer at the YMCA?

3. Are you willing to participate in the Sustaining Campaign in February to help raise funds for this program?

Yes

No

V Financial Information

1. Who is the primary income provider for your household?

Self Self and Spouse Spouse Other (Please specify) _____

2. If you or your spouse are the primary income providers in your household:

• **Your Work Information:**

Self-employed Name/Type of Business: _____

Working for a Company Business Name: _____

Work Address: _____

Work Phone: _____

Other (Please specify) _____

• **Your Spouse's Work Information: (if applicable)**

Self-employed Name/Type of Business: _____

Working for a Company Business Name: _____

Work Address: _____

Work Phone: _____

Other (Please specify) _____

3. Please list the gross monthly income and expense items of the primary income provider(s). Income verification documents (most recent tax filing and current pay stub(s).) must accompany the information listed below.

No application will be processed without proper documentation.

	Gross Monthly Income
Applicant's Employment	\$ _____
Spouse's Employment	\$ _____
State/Federal Aid/Student Loans or Grants	\$ _____
Food Stamps	\$ _____
Child Support/Alimony	\$ _____
Investment Income (rental property, etc.)	\$ _____
Other	\$ _____
Total Monthly Income	\$ _____

List ALL members in your household (including self) :

	Name	Relationship to Applicant	Age
1)		Self	
2)			
3)			
4)			
5)			
6)			
7)			
8)			

*This indicates all persons living in your household and under your care, not necessarily those you want on the membership.

VI Special Circumstances

If you have extenuating circumstances that you would like to be taken into consideration while reviewing your application, please add them below.

VII Release and Signatures

By filling out this application and signing below, I certify that the statements on this application and on any accompanying attachments are true and correct. I understand that the YMCA may contact those listed on this application to verify information; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I understand that the above information is confidential.

Applicant's Signature Date

Type of Membership: _____	OFFICE USE ONLY
Annual Gross Income: _____	
Percentage: _____	
6 Month Membership Fee	
\$ _____ X _____ % = \$ _____ ÷ <u>6</u> = \$ _____	
Joining Fee	
\$ _____ X _____ % = \$ _____ ÷ <u>6</u> = \$ _____	

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\$ _____ X _____ % = \$ _____ ÷ <u>6</u> = \$ _____	
Joining Fee	
\$ _____ X _____ % = \$ _____ ÷ <u>6</u> = \$ _____	

Financial Assistance Agreement Form

By signing this form, I acknowledge that I am aware of the rules and procedures of the YMCA of the East Valley financial assistance program as listed under the YMCA of the East Valley Financial Assistance Guidelines. I am also aware that I may be asked to participate as a YMCA volunteer during the Sustaining Campaign.

I understand that to remain eligible for the financial assistance I have received, I must be a YMCA participant in good standing and comply with the following terms:

1. **I will pay all required fees by their due date.** I understand that any delinquencies in payments (i.e. late payments, returned checks or automatic transfers) may result in termination of financial assistance and suspension from the corresponding program.
2. **I am responsible for turning in renewal applications.** Each financial assistance grant lasts for a six-month period. As a financial assistance recipient, I am responsible for turning in my renewal application with the proper documentation by the deadline. I understand that no financial assistance grants will be applied retroactively. I also understand that I will not receive any reminders regarding the dates of the application deadline listed below:

Renewal applications are due on the 5th of the month prior to the end of your 6 month period.

Your renewal application is due on _____.

My signature below is an indication that I fully understand the above statements.

Signature

Date

Printed Name

YMCA Representative

Date

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