



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUPPORTING OUR NEIGHBORS

## Financial Assistance Program

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Ottawa Family YMCA ensures that every individual and family can learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our financial assistance program, the Ottawa Family YMCA provides assistance to youth, adults and families based on individual needs and circumstances.

- The financial assistance program reduces Membership/Program fees; it does not eliminate them.
- This Form must be accompanied by a Membership Form
- Because the demand for financial assistance is great, the YMCA must follow the eligibility guidelines Based on the current Federal Poverty Chart.
- The YMCA requests that individuals and families reapply annually, with updated documentation. If awarded a Three Month Membership it can be renewed one time without reapplying.
- If you do not reapply at the time requested, your membership will expire.
- Please contact us if you have any questions.



# FINANCIAL ASSISTANCE APPLICATION

## APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

## ADDITIONAL FAMILY MEMBERS

Parent/Guardian/Adult \_\_\_\_\_

DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Child \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female

Membership \_\_\_\_\_ Childcare \_\_\_\_\_ Swim Lessons \_\_\_\_\_

Youth Sports \_\_\_\_\_

### Application Process

Complete the financial assistance application and a membership application. **PROVIDE A COPY OF THE MOST CURRENT OF THE FOLLOWING INCOME VERIFICATION DOCUMENTATION, AS APPLICABLE. Applications returned without proper documentation will not be considered for financial assistance.**

- Most recent Federal **Income Tax return** (1040 or equivalent, not W-2 forms) is required for all individuals in the household age 18 years or older.
- If receiving SSI or disability benefits, then submit your most recent **Social Security Award Letter**.
- Last **two paystubs** for all individuals in the household age 18 years or older.
- **Child support** and/or **Alimony** monthly documentation.
- **Unemployment** monthly compensation statement.
- **Pension** monthly benefit statement.
- Transcripts for Full Time Students (Ages 18-23)
- Documentation with names of eligible person(s) for **Subsidized Housing statement** and **Food Stamps statement**.
- **Verification of residence** may be required for all those listed on the membership.

Combined Monthly Gross Wages	\$
Child Support or Alimony or other Support	\$
Social Security/Unemployment	\$
Food Stamps/Housing Assistance	\$
Other income (List sources and amount)	\$
Total Monthly Household Income	\$

By signing below I am requesting financial assistance from the YMCA due to my personal circumstances and I certify that all the information contained in this application is accurate and truthful. I also understand that if any information is found to be false, this application will be immediately denied.

Signature: \_\_\_\_\_

**TELL US MORE....**Please explain why you are for applying for financial assistance

If you are working with any other agency e.g. D.C.F.S., please give us name of agency and caseworker phone number  
 Agency \_\_\_\_\_  
 Caseworker \_\_\_\_\_  
 Phone # \_\_\_\_\_

### FOR OFFICE USE:

Approved Yes \_\_\_ No \_\_\_ Discount % \_\_\_\_\_ Approved/Declined by \_\_\_\_\_ Date \_\_\_\_\_