



FOR YOUTH DEVELOPMENT[®]
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 promoting social responsibility, the Ottawa YMCA ensures 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. Three month memberships may be granted a one time renewal with reapplying dependant on circumstances.

If you do not reapply at the time requested, your membership will expire. Please contact us if you have any questions.

Form and attached financials
checked and accepted by:

_____ Date _____



FINANCIAL ASSISTANCE APPLICATION-Membership form must accompany for membership

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. Must have amount on it.
- Last two paystubs for all individuals in the household age 18 years or older.
- Child support and/or Alimony monthly documentation. If not court ordered still need record of payments.
- Unemployment monthly compensation statement.
- Pension and or retirement 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.

Eligibility is determined using total household income. All individuals residing in the home must have their income reported, whether or not they are included on the membership.

Must be filled in with numbers

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

*Gross monthly income is the total amount of money earned in a month before taxes, insurance, or other deductions are withheld.

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 # _____
 If you are looking for membership to get paid by another agency you must disclose before assessment

FOR OFFICE USE:

Approved Yes ___ No ___ Discount % _____ Approved/Declined by _____ Date _____