



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP

FINANCIAL ASSISTANCE APPLICATION

VALLEY OF THE SUN YMCA

F.A. INFORMATION

## APPLICANT INFORMATION

PLEASE PRINT.

- New Application  
 Renewal

Name

First

Last

Mailing Address

City

Zip

Home Phone

Cell Phone

Email

Branch Name

Member ID

## ALL PERSONS LIVING IN SAME HOUSEHOLD

Place a check mark for each adult included in your membership.  
\* 2 Adults (18 years or older) and dependents on family membership.

Name

DOB (mm/dd/yy)

CHECK BOX FOR  
ADULTS IN YOUR  
MEMBERSHIP

ANNUAL HOUSEHOLD  
INCOME (BEFORE TAXES)

\$

### Eligibility & Terms and Conditions:

1. Applicant must work or reside in the YMCA branch service area.
2. Assistance will be granted on the basis of financial need and resources available.
3. The YMCA believes a strong sense of ownership and pride develops if the recipient has contributed to their cost of their YMCA involvement. The applicants will be asked to pay some portion of their fees.
4. Membership Financial assistance is awarded on an annual basis from date of approval, and requires yearly renewal. Renewal application must be renewed by the 15th of the renewal month or an automatic 20% increase (up to full pay, whichever is less) will be applied. YMCA reserves the right to request a renewal application at their discretion based on special circumstances.
5. Anyone who does not utilize their approved assistance may lose it, and may not be approved for funds in the future.
6. At the Y's discretion, if an account's status is more than two weeks past due your membership privileges will be suspended, and can result in termination of financial assistance.

### TYPE OF FINANCIAL AID REQUESTED:

(check all that apply)

- MEMBERSHIP  
 PROGRAMS:  AQUATICS  SPORTS  OTHER  
 CHILD CARE (SCHOOL AGED, PRESCHOOL & CAMP)

### SIGNATURE:

DATE

THANK YOU TO OUR COMMUNITY SUPPORTERS  
FOR THEIR GENEROUS DONATIONS TO MAKE  
THIS ASSISTANCE POSSIBLE.

\* Financial assistance for specialty programs, such as personal training, private swim lessons and martial arts, may not apply.

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ Approved For: \_\_\_\_\_ Special Circumstances: \_\_\_\_\_

FOR ADDITIONAL ASSISTANCE

I would like to apply for additional assistance.

### FINANCIAL INFORMATION

Household income (Pre taxes) for the past month: \_\_\_\_\_

I can afford \_\_\_\_\_ per month for YMCA dues/fees.

Assistance currently receiving:

- Supplemental Security Income (SSI)  Foster Family Assistance  
 Food Stamps  Medicaid  Rental Assistance  
 Other: \_\_\_\_\_

Please attach copies of the following forms, if applicable for all adults in the household.

- IRS 1040 Federal Tax Form
- Two current pay stubs for all adults
- Copy of Social Security or Disability checks
- Photo of Drivers License
- Copy of unemployment check, child support, or alimony payment
- Copy of rental assistance, ADC, food stamps or other forms

<https://www.irs.gov/uac/taxpayer-identity-verification-information>

The IRS tax transcript is for those who do not have a copy of or did not file taxes. All applicants must have a transcript or form, regardless of employment status.

Received: \_\_\_\_\_ Processed: \_\_\_\_\_ Approved For: \_\_\_\_\_ Branch Leader Signature: \_\_\_\_\_

