



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Financial Assistance Application (Confidential)

PRIMARY ADULT – PLEASE PRINT LEGIBLY

EMPLOYMENT INCOME

Last Name _____ First _____ Email _____
 _____ / _____ / _____ (_____)
 Date of Birth _____ Male / Female _____ Main Phone _____
 Address _____ Apt. _____ City _____ Zip _____

Are you currently a YMCA Member? Yes No
 Do You receive income? yes No
 Monthly Gross \$ _____
 Occupation _____
 Contact Phone (_____) _____
 # of people in household _____

SECONDARY ADULT

Last Name _____ First Name _____ Phone _____
 _____ / _____ / _____ (_____)
 Date of Birth _____ Male / Female _____ Email _____

Do they receive income? yes no
 Monthly Gross \$ _____
 Occupation _____
 Contact Phone (_____) _____

FAMILY MEMBERS – attach separate sheet if necessary

Last Name _____	First _____	Male / Female _____	Date of Birth _____	Grade / School _____
Last Name _____	First _____	Male / Female _____	Date of Birth _____	Grade / School _____
Last Name _____	First _____	Male / Female _____	Date of Birth _____	Grade / School _____

Please note, if you are interested in child care assistance, we do ask that you apply first through Texas Workforce Solutions for assistance before applying with the YMCA. This can be done by visiting www.worksolutions.com.

WHAT PROGRAM(S) ARE YOU APPLYING FOR? Complete appropriate sections

_____ % of discount	_____ % of discount	_____ % of discount
<p>CHILD CARE- Afterschool</p> <p>Child(s) Name _____ Site/School _____</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Are they already enrolled? Yes / No</p>	<p>SUMMER DAY CAMP</p> <p>Child(s) Name _____</p> <p>.....</p> <p>.....</p> <p>Location : . Tyler Y , WHS Y, Woods</p> <p>Are they already enrolled? Yes / No</p>	<p>SWIM LESSONS Session Dates _____</p> <p>Child(s) Name _____</p> <p>.....</p> <p>.....</p> <p>Group Lessons</p> <p>Season <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring</p>
<p>CHILD CARE- PreSchool _____ % of discount</p> <p>Child(s) Name _____</p> <p>.....</p> <p>.....</p> <p>Are they already enrolled? Yes / No</p>	<p>YOUTH SPORTS _____ % of discount</p> <p>Child(s) Name _____</p> <p>.....</p> <p>Name of Sport _____</p>	<p>MEMBERSHIP _____ % of discount</p> <p>Participant(s) Name _____</p> <p>.....</p> <p>Membership Type _____</p>

YMCA financial assistance is made available through donations, grants, and association earned income. Any Demographic information request is utilized for grant funding requests, compliance and reporting requirements.

Upon renewal all recipients will be required to share their Y story and how assistance and programs have benefited you and/or your family.

It is the mission of the YMCA to provide service for any person or family who desires to participate in the YMCA, regardless of the ability to pay the standard membership or program fee. Each year, the YMCA raises funds through our Annual Campaign to provide financial assistance to youth and families. Those not able to pay the full program fee may be awarded assistance based on financial need. The YMCA reserves the right to refuse assistance to any applicant.

Please attach ALL documents* items 1-3 , applications will not be accepted without ALL proper documentation. Supporting documents will not be returned, so please enclose photocopies. You will be notified when it is time to reapply for financial assistance. Each application is reviewed and approved independently. If there are any changes in your income, please notify the YMCA.

- 1.** Current Federal tax return pg. 1 & 2. / if Self Employed+ add copy of Schedule C
- 2.** Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income
- 3.** Include documentation with this application for any other household income received from other sources such as: TANF, child support, SSI, disability, or foster care benefits; proof of current college registration; proof of layoff; etc. ; *SNAP include page with monthly income

ALL HOUSEHOLD INCOME

Applicant Household other#2

Wages Gross Monthly _____
 SSI _____
 Food Stamps SNAP _____
 Unemployment _____
 Housing _____
 Child Support _____
 Monthly Total : \$ _____ \$ _____

Monthly Expenses
 Housing _____ Monthly
 Utilities _____ Monthly
 Auto _____ Monthly
 Ins./Medical _____ Monthly
 Total: \$ _____

Processed by:
 Staff Name _____ Date: _____

- IF applying for Childcare Assistance have you applied for CCS ?** Yes No Status _____
- Are you recently Unemployed ?** Yes No
- Is this a renewal , or have you recieved YMCA assistance in the past?** Yes No If yes please attach or note below how you / your family has benefited over the past year

TELL US MORE... Are there any other factors that we should take into consideration in evaluating your need for assistance ?

Please complete the entire form, sign, date it, and submit to your local YMCA along with all applicable supporting documentation.

Please allow 2-3 weeks for processing

ACKNOWLEDGEMENT

I, _____, acknowledge by my signature below, that all of the information on this form is accurate and complete. I have included all household income as requested and understand that providing false information disqualifies applicants from assistance. I am aware all Membership/ Program fees must be up to date ie. no past due balances on account prior to any financial assistance being awarded. I am aware that on-time program payments are required to receive financial assistance awards. I agree to provide additional documentation to verify need upon request. I will submittal renewal application as required. I understand I am subject to the rules and regulations of the YMCA of Tyler Texas.

.....
Signature

.....
Date

FOR STAFF USE ONLY Branch: TYL WHS (Circle one) **Approved** ___ **Denied** ___ **Applicant Contacted:** _____

Let us know how the YMCA Financial Assistance Program benefits your family and what it means to you?
