



# Financial Assistance Application

1

Name \_\_\_\_\_  
 Member ID \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

2

**I AM APPLYING FOR:**

\_\_\_ Full Membership with Programs  
 \_\_\_ YMCA Programming Only

**HOUSEHOLD INFORMATION**

Adults in Household \_\_\_\_\_  
 Dependent Children in Household \_\_\_\_\_

**CURRENT FINANCIAL ASSISTANCE STATUS:**

\_\_\_ First Time Applying  
 \_\_\_ Currently Receiving Assistance (Renewing)

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**THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN APPLYING FOR FINANCIAL ASSISTANCE:**

**A**

WORKING CURRENTLY or SELF EMPLOYED

Most Recent Tax Return\* (Form 1040)

OR

30 Day Proof of Income for Entire Household

\$ \_\_\_\_\_

(30 Day Gross Income/2 paystubs)

\*Visit IRS.gov and search "Get Transcript"

**B**

RECEIVING OTHER ASSISTANCE

If applicable, provide documentation of additional assistance.

Monthly SSI/SSD \$ \_\_\_\_\_

Monthly Unemployment \$ \_\_\_\_\_

Monthly Food Stamps \$ \_\_\_\_\_

Monthly Child Support \$ \_\_\_\_\_

Other Assistance \$ \_\_\_\_\_

**TOTAL MONTHLY ASSISTANCE** \$ \_\_\_\_\_

**C**

LETTER OF SPECIAL CIRCUMSTANCES

We understand that numbers don't show everything. If there are any special circumstances please include a written explanation (letter) so that consideration may be given.

Special Expenses \$ \_\_\_\_\_

If you currently do not receive items in Section A or B, you may submit a letter of current financial status. If you can only provide a letter, you will be granted temporary assistance for 3 months.

4

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS UNLESS OTHERWISE SPECIFIED**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to send additional information and documentation to support above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information, I will not be eligible for assistance now and /or in the future.

PRINT NAME

SIGNATURE

DATE

**INTERNAL USE ONLY:**

Member ID: \_\_\_\_\_  
 WC Staff: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Manager/Reviewer \_\_\_\_\_ Date Reviewed: \_\_\_\_\_  
 Financial Authorization Form Complete? \_\_\_\_\_  
 Assistance % \_\_\_\_\_ Date to Renew \_\_\_\_\_  
 Total Income \_\_\_\_\_

**ADDITIONAL NOTES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Member Notified By \_\_\_\_\_  
 Date \_\_\_\_\_



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## Financial Assistance Authorization Form

THIS FORM MUST BE COMPLETED IN ORDER TO RECEIVE ASSISTANCE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MEMBERSHIP ID #

My signature below indicates that I have read, understand and agree that:

\_\_\_\_ I hereby give authority to the Arlington-Mansfield Area YMCA to use my banking account/credit card on file for monthly membership payments to be charged against my account.

\_\_\_\_ Assistance is approved for a period of 12 months unless otherwise specified. I must ensure that my application is renewed within 14 days of expiration, or my account will be drafted at the full rate of membership.

\_\_\_\_ It is my responsibility to inform the membership department of any financial aid status changes in the future.

\_\_\_\_ If I do not update my application or cancel my membership, I assume responsibility for paying my account balance by the specified date.

\_\_\_\_ My membership stays in effect until written notice is given. A 30-day notice is required to complete the cancellation notice.

\_\_\_\_ It is my responsibility to keep my membership in good standing at all times to receive a scholarship and understand the assistance ends when my membership terminates.

If you have any questions, please contact a YMCA Membership Director.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date