



Arlington-Mansfield Area YMCA Financial Assistance Application

1

First Name _____ Last Name _____ Date of Birth ____/____/____
 Address _____ City _____
 State _____ Zip Code _____ Phone _____
 Email _____

2

HOUSEHOLD INFORMATION

of Adults in Household (not including dependent children) _____

First Name _____ Last Name _____ Date of Birth ____/____/____
 First Name _____ Last Name _____ Date of Birth ____/____/____
 First Name _____ Last Name _____ Date of Birth ____/____/____
 First Name _____ Last Name _____ Date of Birth ____/____/____
 First Name _____ Last Name _____ Date of Birth ____/____/____
 First Name _____ Last Name _____ Date of Birth ____/____/____

I AM APPLYING FOR: _____ Full Membership _____ YMCA Programming Only

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

Must provide income and documents for ALL adults living in the household.

<p>A <u>SELF EMPLOYED</u></p> <p>Most Recent Tax Return* (form 1040)</p> <p>OR <u>CURRENTLY WORKING</u></p> <p>30 Day Proof of Income for Entire Household</p> <p>\$ _____</p> <p>(30 Day Gross Income/2 Paystubs)</p> <p>*Visit IRS.gov and search "Get Transcript"</p>	<p>B <u>RECEIVING OTHER ASSISTANCE</u></p> <p>If applicable, provide documentation of additional assistance.</p> <p>Monthly SSI/SSD \$ _____</p> <p>Monthly Unemployment \$ _____</p> <p>Monthly Food Stamps* \$ _____</p> <p>Monthly Child Support \$ _____</p> <p>Other Assistance \$ _____</p> <p>Total Assistance \$ _____</p> <p>*Food Stamp Award Letter Required</p>	<p>C <u>LETTER OF SPECIAL CIRCUMSTANCES</u></p> <p>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.</p> <p>Special Expenses</p> <p>_____ \$ _____</p> <p>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.</p>
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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 the statements above (i.e. proof of dependency, proof of address). 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 _____

Date Received: ____/____/____

Staff Accepting Application: _____

Manager/Reviewer: _____

Date Processed: ____/____/____

INTERNAL USE ONLY:

Total Income: _____

Approved Assistance: _____%

Expiration Date: ____/____/____

Note Alert Notify

Additional Notes: _____



Financial Assistance Authorization Form

MUST BE COMPLETED IN ORDER TO RECEIVE ASSISTANCE

First Name _____ Last Name _____

My initials & 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 (for full membership & program assistance only).

_____ I understand that I will be responsible for paying an annual non-member participant account activation fee (for non-member/program only assistance only).

_____ 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 and once my financial assistance expires, that does not terminate my membership.

_____ 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 or my financial assistance expires.

_____ I understand that if for any reason my bank or credit card draft is returned, a service fee will be added for each returned transaction. The Arlington-Mansfield Area YMCA is not responsible for any collection fees assessed by individual banking/credit institutions.

_____ I have provided complete and accurate financial information for ALL adults living in the household.

Signature

Date: