



Arlington-Mansfield Area YMCA Financial Assistance Application

1

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

2

Please list all household members

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

I AM APPLYING FOR: _____ Full Membership _____ YMCA Programming Only
Financial assistance cannot be applied to an annual membership.

3

THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN APPLYING FOR FINANCIAL ASSISTANCE:
Must provide income and documents for ALL ADULTS LIVING in the HOUSEHOLD

A

SELF EMPLOYED

Most Recent Tax Return*
(form 1040)

OR CURRENTLY WORKING

30 Day Proof of Income for **Entire Household**

\$ _____

(30 Day Gross Income/2 Paystubs)

***Front Page of Tax Return**

B

RECEIVING OTHER ASSISTANCE

If applicable, provide documentation of additional assistance.

Monthly SSI/SSD \$ _____

Monthly Unemployment \$ _____

Monthly Food Stamps* \$ _____

Monthly Child Support \$ _____

Other Assistance \$ _____

***Food Stamp Award Letter Required
MUST INCLUDE ALL 3 PAGES**

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 the statements above (i.e. proof or dependency or 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 Level Assistance: _____ %

Expiration Date: ____/____/____

Note: _____ Alert: _____ Notified: _____

Notes: _____



Financial Assistance Application

Financial Assistance Authorization Form

THIS FORM MUST BE COMPLETED IN ORDER TO RECEIVE ASSISTANCE

Name _____ Member 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 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 service fees assessed by individual banking/credit institutions.

_____ I understand that financial assistance cannot be applied to an annual membership. It can be applied to month-to-month membership and qualifying programs.

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

Signature

Date: