



FINANCIAL ASSISTANCE

Application Checklist

In order for your financial assistance application to be processed, this form must be completed and turned in with your application. Please check each box to show acknowledgment and completion of that task. If your application is incomplete it will not be processed.

- Is the entire application completely filled out and signed?
- Is all proof of income included? Including but not limited to:
 - Federal Income Tax Form 1040 (not W2's)
 - 2 Pay stubs
 - Unemployment Statement
 - Alimony/Child Support court order
 - Social Security Benefit Statements
 - Public Assistance Budget Worksheet
 - Food Stamps Budget Worksheet
 - Workers Compensation/Disability Statement
 - Retirement Benefit Statement
 - Business/Rental Income statement and Schedule C/E from Federal Taxes
- Have all household members been included, regardless of if they are going to be using the YMCA?
- If married, has either the Federal Tax Form 1040 or marriage certificate been provided?
- Are all dependents listed, and if necessary custody paperwork or proof of school status included?
- Has this application been filled out honestly and all information true?

Signature _____

Date _____



YMCA BUFFALO NIAGARA

Financial Assistance Application

General Information

Within the available resources of the organization, YMCA Buffalo Niagara will provide services to any youth, senior, adult or family who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the full membership and/or program fee.

Those not able to pay the full fee may be awarded partial financial assistance based on their demonstrated need and the YMCA's ability to fund the subsidy.

YMCA Buffalo Niagara's financial assistance program is supported by contributions to our annual Strong Kids Campaign and United Way.

How to Apply

To apply, please fill out this application as completely as possible and attach with all proof of income. Once the application has been submitted it will be reviewed by the Executive Director and if eligible an award will be decided. Please allow for up to two weeks for processing. All applications are confidential.

Primary Adult

Name (Last/First/Middle) _____ DOB _____

Street Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Marital Status _____ (Please provide either joint bill or marriage certificate)

Primary Adult Income Information

Employer Name _____ Address _____

Average hours worked per week _____ Days/Hours Worked _____

Child Support received Yes No Which Children _____

Gross Monthly Income	Amount	Proof Needed
Wages (including tips)	\$	2 pay stubs and most recent Federal Income Tax 1040
Unemployment	\$	Benefit Statement
Alimony/Child Support	\$	Court order stating amount
Social Security	\$	Benefit Statement for all who receive
Public Assistance	\$	Budget Worksheet
Food Stamps	\$	Budget Worksheet
Workers Comp./Disability	\$	Statement
Retirement Benefits	\$	Benefit Statement
Business/Rental Income	\$	Income Statement, Schedule C/E from Federal Taxes
Other:	\$	
Total	\$	

Secondary Adult

Name (Last/First/Middle) _____ DOB _____
Street Address _____ City/State/Zip _____
Email Address _____ Phone _____

Secondary Adult Income Information

Employer Name _____ Address _____
Average hours worked per week _____ Days/Hours Worked _____
Child Support received Yes No Which Children _____

Gross Monthly Income	Amount	Proof Needed
Wages (including tips)	\$	2 pay stubs and most recent Federal Income Tax 1040
Unemployment	\$	Benefit Statement
Alimony/Child Support	\$	Court order stating amount
Social Security	\$	Benefit Statement
Public Assistance	\$	Budget Worksheet
Food Stamps	\$	Budget Worksheet
Workers Comp./Disability	\$	Statement
Retirement Benefits	\$	Benefit Statement
Business/Rental Income	\$	Income Statement, Schedule C/E from Federal Taxes
Other:	\$	
Total	\$	

Dependent Household Members Basic Information

(If over age 18, child must be a full time student and schedule must be provided)

Name (Last/First/Middle) _____ Relationship _____ DOB _____
Name (Last/First/Middle) _____ Relationship _____ DOB _____
Name (Last/First/Middle) _____ Relationship _____ DOB _____
Name (Last/First/Middle) _____ Relationship _____ DOB _____
Name (Last/First/Middle) _____ Relationship _____ DOB _____

If the relationship is anything besides son or daughter, you must provide proof of custody. Also in the future you may be asked to provide proof of custody for all dependents listed.

Additional Questions

What are you applying for? Membership Programs Summer Day Camp
 Childcare Residential Camp Weona

What amount can you afford to pay? \$_____ (Please understand that everyone will pay something)

If you are not receiving child support at this time, please explain what the circumstances are:

If no cash income is listed, how are you planning to pay for your membership?

If not all children are listed on your Federal Taxes, Public Assistance, or Food Stamps please explain the circumstances:

Are you willing to volunteer? Yes No Interest Area _____

Is someone besides the applicant filling this out? Yes No
Name _____ Phone _____
Address _____ City/State/Zip _____

Who should we contact with Award? _____

May we email your award letter and information? Yes No
Email address to use: _____

Is there any other information relevant to this application?

I verify that all information provided is correct, complete, and accurate. I understand that the YMCA's financial assistance resources are limited and that I am not guaranteed an award. If my household members or income changes I will notify the YMCA.

Signature _____ Date _____

Office Use Only

Application received by: _____ Date: _____ Member # _____

Application Complete Yes No

Membership Due to Renew Yes No Date _____ Award % _____

Comments on Application/Facility Usage

Annual Household Income _____ Number of household Members _____

Decision Not Approved Approved for _____%

Award starts _____ ends _____

Comments

Branch Executive Signature _____ Date _____