



Owensboro Family YMCA Financial Assistance Application

The Owensboro Family YMCA is dedicated to putting Christian principles into practice through programs and services that build healthy spirit, mind and body for all (regardless of socioeconomic circumstances). YMCA's are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and believes that its programs and services should be available to everyone. That's why the YMCA offers a Financial Assistance Program. Financial Assistance is a sliding scale that is designed to fit each individual's financial situation.

The Owensboro Family YMCA requires that individuals provide the requested information listed below regarding income, family size, and necessary expenses, so that we can provide financial assistance in a fair and consistent manner. The YMCA also requires that individuals **reapply every year** to keep the information on their application updated.

Your fees are subject to change when you reapply. If you do not reapply when requested, your membership will automatically be adjusted to the full membership fee.

To process your application, we will need a **copy** of the following information:

- * Copy of last year's Tax Return (1040 EZ, 1040 A or 1040 B) _____
- * Copy of most recent pay stubs _____
- * Copy of SSI or Disability check _____
- * Food Stamp verification letter (if applicable) _____
- * Child Support verification (if applicable) _____
- * Foster Care/Custody papers (if applicable) _____
- * K-Tap verification (if applicable) _____
- * Verification of rent/mortgage and 2 major utilities _____
- * If applying for a Single Parent Family membership copy of the divorce decree or property settlement (if applicable) _____

Note: Your application will not be processed without the required information.

Please copy all information before returning to the YMCA.

Please allow 7-10 days to process your application.

You will be responsible for calling and checking on the status of your application.

If you do not have a copy of your tax return, you may obtain it by calling the IRS at 1-800-829-4477. If you did not file taxes last year, or if you don't have the other documents required, please submit a letter explaining your personal situation.

Signature _____

Date _____

Application is void after 60 days and will be shredded.

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New Applicant **Renewal**

Applicants Name _____ Date of Birth _____
 Address _____ 2nd Adult in Household _____
 City _____ State _____ Zip _____ Employment _____
 Phone _____ Business Phone _____
 Business Phone _____

Membership Type: Adult Single Parent Family Family Student Senior

Please list dependents if applying for a Family, or a Single Parent Family membership.

Spouse _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female
 Child _____ D.O.B. _____ Male Female

Gross Annual Household Income

Household Income

Monthly Household Expenses

Employment \$ _____
 Spouse's \$ _____
 Child Support \$ _____
 Gov't Assistance \$ _____
 Food Stamps \$ _____
 K-Tap \$ _____
 SSI \$ _____
 AFDC \$ _____
 Disability \$ _____
 Other Income \$ _____
Total \$ _____

Weekly Biweekly Monthly
 Weekly Biweekly Monthly

Mortgage/Rent \$ _____
 Phone \$ _____
 Utilities \$ _____
 Groceries \$ _____
 Auto Loan \$ _____
 Cable \$ _____
 Child Care \$ _____
 Medical \$ _____
 Other \$ _____
Total \$ _____

Do you share expenses with anyone else in your household? Yes No

I hereby give my permission to the Owensboro Family YMCA to contact individuals/employers for salary verification. I have provided the appropriate verifications of income in order for my application to be reviewed and considered. Membership fees paid are non-refundable.

I verify that all information is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information or fail to notify the YMCA within 30 days, I may be terminated from the Financial Assistance Program.

Signature of Applicant

Date

TELL US YOUR STORY

The Owensboro Family YMCA is a *non-profit* agency. We strive to offer assistance where needed. Our YMCA depends on the United Way and other donors to cover that financial assistance amount. Those groups and individuals need to know how the YMCA is helping individuals and families like you. As part of your financial assistance application we require that you write a short note explaining why the YMCA membership or program is important to you...or WHY you need the YMCA membership or program? All responses will be sent to the YMCA CEO. All stories may be used and shared to communicate with others how the YMCA is helping.

Name

Date

Phone

You may use my actual name in sharing this story.

Please do not use my name in sharing this story.

This story needs to be held in confidence.

Note: The story/testimony has no bearing on the amount of assistance awarded to any applicant.