Application for
Financial Assistance

The Y’s Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Our Cause: At the Y, strengthening community is our cause. Every day, we work side-by-side with our neighbors to make sure that everyone, regardless of age, income, or background, has the opportunity to learn and grow.

Who We Are: The Y is the nation’s leading nonprofit committed to strengthening communities through youth development, healthy living, and social responsibility.

- **Youth Development – Nurturing the potential of every child and teen.** Nine million youth are taking a greater interest in learning; making smarter life choices; and cultivating the values, skills, and relationships that lead to positive behaviors, the pursuit of higher education and goal achievement.

- **Healthy Living – Improving the nation’s health and well-being.** Millions of adults and youth receive the support, guidance, and resources needed to achieve better health and well-being.

- **Social Responsibility – Giving back and providing support to our neighbors.** Across the country, the Y helps people give back and assist their neighbors by offering opportunities to volunteer, advocate and support programs that strengthen community.

This program is designed to better meet the needs of individuals and families that might not be able to pay the full price of a Y program based on financial situations. This program is intended to help those in need by adjusting the fees based on household income.

The YMCA of San Joaquin County is a not-for-profit social services organization, committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities, and incomes. The Y offers the financial assistance program because we are a community based organization and we believe that programs and services should be available to everyone.
Here is some important information that you should know about the Y’s Financial Assistance Program

1. Please allow two to four weeks to process your application. Individuals will be notified by phone whether or not they qualify for financial assistance.

2. In order for any financial assistance application to be processed, individuals must provide a copy of all requested information along with proof of all household income. Original documents will not be returned, please make sure to bring a photocopy.

3. The YMCA financial assistance program will award a maximum of 30% off program fees. Some specialty services are excluded from the financial assistance program.

4. YMCA membership and program fees must be paid in full prior to starting the program.

5. All accepted financial assistance applications expire six months after approval.

6. You must include current financial information each time you re-apply.

7. Program and membership fees are subject to increase when you re-apply for Financial Assistance.

8. All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance.

9. Submission of financial assistance does not guarantee or hold a spot for any program.

TO PROCESS YOUR APPLICATION, WE WILL NEED COPIES OF ANY ITEMS BELOW THAT APPLY TO YOUR FINANCIAL CIRCUMSTANCES:

- Last year’s 1040’s / W2’s
- Last year’s tax return
- Last two recent pay stubs
- Award letter(s) for:
  - Social Security or Disability
  - Child Support or Alimony
  - SNAP
  - TANF
  - WIC
  - Retirement or Pension
  - Family Resource & Referral Center
  - Unemployment
- Documentation of any and all income for your household
**GENERAL INFORMATION:**
Name (Head of Household First & Last): ___________________________________________________________________________________________________
Home Address (Street, Zip, City): ___________________________________________________________________________________________________
Date of Birth: ___________________________________________________________________________________________________
Phone: ___________________________________________________________________________________________________
E-mail Address: ___________________________________________________________________________________________________
Emergency Contact & Phone #: ___________________________________________________________________________________________________

**FAMILY INFORMATION:** (Please include ALL persons in the household; your household includes dependents you claim – or if you are claimed by a person – on your federal income tax returns)

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Relationship to Member</th>
<th>Date of Birth: MM/DD/YYYY</th>
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**EMPLOYMENT INFORMATION:**
Are you currently employed? ☐ Yes ☐ No
Is your spouse/partner currently employed? ☐ Yes ☐ No

Your Company Name
Position: ___________________________________________________________________________________________________
Address (Street, Zip, and City): ___________________________________________________________________________________________________
Office Phone: ___________________________________________________________________________________________________
Length of Employment: ________ Month(s) ________ Year(s)
Employment Status (circle) Full Time Part Time
Gross Monthly Income $ ____________________________

Spouse/Partner’s Company Name
Position: ___________________________________________________________________________________________________
Address (Street, Zip, and City): ___________________________________________________________________________________________________
Office Phone: ___________________________________________________________________________________________________
Length of Employment: ________ Month(s) ________ Year(s)
Employment Status (circle) Full Time Part Time
Gross Monthly Income $ ____________________________
HOUSEHOLD BUDGET:

Income

$__________ Gross Monthly Income
$__________ Spouse Gross Monthly Income
$__________ Child Support
$__________ Government Assitances
$__________ Government Food Aide (EBT)
$__________ Disability
$__________ Social Security
$__________ Alimony
$__________ Stocks/Investments/Retirement
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________

Expenses

$__________ Mortgage/Rent
$__________ Auto Loan
$__________ Utilities
$__________ Water
$__________ Cable
$__________ Phone
$__________ Child Support/Alimony
$__________ Medical/Medical Insurance
$__________ Childcare
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________
$__________ Other: ________________________

Total Monthly Income  $__________  Total Monthly Expenses  $__________

Do you share expenses with anyone else in your household?  □ No  □ Yes: ________________________
Are you a full-time student?  □ No  □ Yes: ________________________
Have you ever applied for financial assistance before?  □ No  □ Yes: ________________________

I am requesting financial assistance for one of the following:

□ Youth Sports: ________________________
□ Youth Aquatics: ________________________
□ Childcare: ________________________
□ Before/After School: ________________________
□ YMCA Camps: ________________________
□ Teen Programs: ________________________
□ Other: ________________________
STATEMENT OF UNDERSTAND
Please describe your need for financial assistance.

Please share any additional information that may have bearing on this application.

- I understand that I will be required to submit one of the following with my application:
  - Last years’ tax returns
  - W2
  - Last two paystubs
  - Proof of Social Security or Disability payment (letter or check stubs)
  - Proof of child support or alimony
  - Proof of EBT or food stamps
  - Proof of Government Asssistances
  - Proof of Unemployment
  - Proof of retirement/pension
  - Documentation of any/all income for your household
- I understand that I will be required to pay a portion of the membership/program fees that I am applying for.
- I understand that financial assistance requests must be submitted 2 weeks before the registration deadline.
- I understand that I must re-apply for financial assistance every 6-months
- I confirm that all information given in this application and addition paperwork given to the YMCA of San Joaquin County is accurate, and any misrepresentation will lead to decline in financial assistance.

Applicant’s Signature: __________________________
Date: __________________________

Staff Use: Scholarship Allocation: ____________
Date Entered into Daxko: ____________
Member ID#: __________________________
Joined: ☐ Yes ☐ No
Expiration Date: ____________
Staff Initials: __________________
Type of income documentation included: __________________
CEO Approval: __________________