Application for Financial Assistance

The Y’s Mission: To develop strong children, families and communities across San Joaquin County through academic readiness, character development and healthy living.

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.

**YMCA of San Joaquin County**
2105 W. March Lane, Suite 1, Stockton CA 95207
Main Line: 209-472-9622 Fax: 209-472-9625
www.ymcasjc.org
Here is some important information that you should know about the Y’s Financial Assistance Program:

- Please allow two (2) to four (4) weeks to process your application. Individuals will be notified by phone whether or not they qualify for financial assistance.
- 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.
- The YMCA financial assistance program will award a maximum of 30% off program fees. Some specialty services are excluded from the financial assistance program.
- YMCA membership and program fees must be paid in full prior to starting the program.
- All accepted financial assistance applications expire six months after approval.
- You must include current financial information each time you re-apply.
- Program and membership fees are subject to increase when you re-apply for financial assistance.
- All YMCA members receive the same membership benefits regardless of whether or not they are receiving assistance.
- Submission of financial assistance does not guarantee or hold a spot for any program.
- If the YMCA is unable to contact you, the registration for the program may be subject to cancellation.

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) Email/School District/School only if applicable.

<table>
<thead>
<tr>
<th></th>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Email Address</th>
<th>School District</th>
<th>School</th>
</tr>
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<tbody>
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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, City, Zip): ________________________________
Office Phone: __________________________________________
Length of employment: _____YEARS _____MONTHS
Employment Status: □ Full Time □ Part Time
Gross Monthly Income (Before Taxes): $________________________

Spouse/Partner’s Company Name
Position: ________________________________________________
Address (Street, City, Zip): ________________________________
Office Phone: __________________________________________
Length of employment: _____YEARS _____MONTHS
Employment Status: □ Full Time □ Part Time
Gross Monthly Income (Before Taxes): $________________________
**Financial Assistance Application**

**FOR YOUTH DEVELOPMENT**

**FOR HEALTHY LIVING**

**FOR SOCIAL RESPONSIBILITY**

**HOUSEHOLD BUDGET:**

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenses</th>
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<tbody>
<tr>
<td>$______ Gross Monthly Income</td>
<td>$______ Mortgage/Rent</td>
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<tr>
<td>$______ Spouse Gross Monthly Income</td>
<td>$______ Auto Loan</td>
</tr>
<tr>
<td>$______ Child Support</td>
<td>$______ Utilities</td>
</tr>
<tr>
<td>$______ Child Support</td>
<td>$______ Water</td>
</tr>
<tr>
<td>$______ Government Assitances</td>
<td>$______ Cable</td>
</tr>
<tr>
<td>$______ Government Food Aide (EBT)</td>
<td>$______ Phone</td>
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<tr>
<td>$______ Disability</td>
<td>$______ Child Support/Alimony</td>
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<tr>
<td>$______ Social Security</td>
<td>$______ Medical/Medical Insurance</td>
</tr>
<tr>
<td>$______ Alimony</td>
<td>$______ Childcare</td>
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<tr>
<td>$______ Stocks/Investments/Retirement</td>
<td>$______ Other:</td>
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<td>$______ Other:</td>
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<td>$______ Other:</td>
<td>$______ Other:</td>
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<tr>
<td>$______ Total Monthly Income</td>
<td>$______ Total Monthly Expenses</td>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Program</th>
<th>Names of participants</th>
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<tbody>
<tr>
<td>Youth Sports</td>
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<tr>
<td>Youth Aquatics</td>
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<tr>
<td>Childcare</td>
<td></td>
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<tr>
<td>After School/Before School</td>
<td></td>
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<tr>
<td>YMCA Camps</td>
<td></td>
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<tr>
<td>Teen Programs</td>
<td></td>
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<tr>
<td>Other</td>
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STATEMENT OF UNDERSTANDING
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 Assistance
- 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: _____________________________

FOR STAFF USE ONLY

Scholarship Allocation: %__________ Joined: Yes / No

Date Entered into Daxko:__________ Expiration Date:__________

Member ID#:________________________ Income Documents:

Staff Initials:__________ CEO Approval:__________