



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**FINANCIAL ASSISTANCE PROGRAM  
QUINCY FAMILY YMCA**

Date \_\_\_\_\_

To enable us to serve you better please complete this form. Proof of all household income is required before approval can be received. Please tell us briefly about your circumstances [you may write on the back of this application or attach another sheet of paper if necessary]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adult 1 Name \_\_\_\_\_  Male  Female Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Ethnicity (Check all that apply)  Asian  African American  Native American  Caucasian  Other

**FAMILY INFORMATION**

Adult 2 \_\_\_\_\_  M  F DOB \_\_\_\_\_ Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_

Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_ Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_

Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_ Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_

Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_ Youth \_\_\_\_\_  M  F DOB \_\_\_\_\_

**FINANCIAL INFORMATION**

Adult 1 \_\_\_\_\_

**Employment** Monthly Gross \$ \_\_\_\_\_

**Unemployment** Monthly Gross \$ \_\_\_\_\_

**Disability** Monthly Gross \$ \_\_\_\_\_

**Social Security** Monthly Gross \$ \_\_\_\_\_

**Food Stamp** Monthly Gross \$ \_\_\_\_\_

**Child Support** Monthly Gross \$ \_\_\_\_\_

**AFDC/TANF** Monthly Gross \$ \_\_\_\_\_

**Other** Monthly Gross \$ \_\_\_\_\_

**TOTAL MONTHLY GROSS** \$ \_\_\_\_\_

Adult 2 \_\_\_\_\_

**Employment** Monthly Gross \$ \_\_\_\_\_

**Unemployment** Monthly Gross \$ \_\_\_\_\_

**Disability** Monthly Gross \$ \_\_\_\_\_

**Social Security** Monthly Gross \$ \_\_\_\_\_

**Food Stamp** Monthly Gross \$ \_\_\_\_\_

**Child Support** Monthly Gross \$ \_\_\_\_\_

**AFDC/TANF** Monthly Gross \$ \_\_\_\_\_

**Other** Monthly Gross \$ \_\_\_\_\_

**TOTAL MONTHLY GROSS** \$ \_\_\_\_\_

**MEMBERSHIP TYPE**

Household  Single Parent Family  Adult  Senior Citizen Adult  Senior Citizen Couple

If Income is below \$400/month, how are you meeting your needs?

\_\_\_\_\_  
\_\_\_\_\_

I certify the above information on this form is true and correct to the best of my knowledge. I consent to the Quincy Family YMCA to verify any and all information on this application.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

**OFFICE USE ONLY**

Annual Income \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Scholarship Amount Approved: \_\_\_\_\_

Possible Deductions \_\_\_\_\_

% of Co-Pay \_\_\_\_\_

Status:  Accepted

Denied

Declined



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FINANCIAL ASSISTANCE PROGRAM Quincy Family YMCA

The Quincy Family YMCA is a not-for-profit health and human services organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The YMCA 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. The program is a sliding fee scale designed to fit each individual's financial situation.

Over the years, we have found that the Financial Assistance program is most utilized by:

- Youth referred by schools, churches and organizations
- Adults who are temporarily out of work
- Adults who are divorced and experiencing financial hardships
- People on fixed incomes
- People who are overwhelmed by medical bills
- People experiencing other financial hardships

The YMCA requires individuals provide the requested information on the attached form regarding income, family size and necessary expenses so we can provide assistance in a fair and consistent manner.

To process your application, please provide proof of the following information:

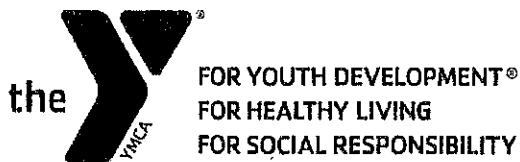
- Last year's W-2 forms for all employed household members.
- Last year's tax forms for all employed household members.
- Current total monthly income amount for all employed household members.
- Current pay stub-dated within ten [10] days [1 month's worth]
- And we need total monthly income numbers for the following, should you receive any of it:
  - Child Support / AFDC
  - Rent Assistance / Housing
  - Food Stamp Assistance
  - Social Security Assistance
  - Unemployment
  - Any other financial support, student loans or any other types of assistance

Note If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service at 1.800.829.1040. 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.

Please allow a maximum of 14 days to process your application depending on the branch at which you apply. After this period, you will be notified by mail if your application has been approved or if you need to submit additional information.

All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. YMCA members can feel great knowing they are involved in an organization that cares greatly for the health and well-being of people and is committed to building strong kids, strong families and strong communities.

Financial Assistance applicants may re-apply on a yearly basis.



## FINANCIAL ASSISTANCE PROGRAM QUINCY FAMILY YMCA

### Quincy Family YMCA - Financial Assistance

The Quincy Family YMCA offers quality, affordable programs and services designed to benefit people of all incomes and backgrounds. Thanks to many generous community supporters and our Annual Campaign, the YMCA is accessible to everyone in the community through financial assistance. All records are kept confidential. Assistance is available for YMCA programs and/or membership. A sliding scale is used to determine how much assistance is awarded.

#### Eligibility:

1. Membership and program assistance is evaluated on an individual basis depending upon demonstrated financial need. The family income guidelines developed by the Quincy Family YMCA will determine initial eligibility. Subjective factors such as recent loss of employment, healthcare issues or other extenuating circumstances are also considered with substantiating documentation. If desired, a meeting can be scheduled with a member service representative. All discussions and paperwork are kept confidential.
2. In order to be considered eligible for financial assistance, each applicant must complete the attached assistance form and submit proper documentation. Applications which are not complete will delay the process until all necessary paperwork is submitted. Total supporting income and support must be provided. Verification of Household Income Adults in the Household, whether they choose to be on the membership or not. Falsification or non-disclosure of any item will result in denial of assistance or immediate termination of already awarded assistance.
3. The support for financial assistance comes from contributions through our Annual Campaign. The awards far surpass the funds raised and in an effort to support as many requests as possible, each recipient is asked to pay some portion of the membership or program/activity fees. These payments are in accordance with our guidelines.
4. Eligibility for financial assistance must be renewed on an annual basis with new application and supporting documentation. Should your financial situation change during the course of your assistance, one may request a review by writing a letter explaining the situation and providing documentation to verify the change in income or circumstances.

**Note to Applicants:**

1. **Contact your local branch**-if you have questions or need clarification.
2. **Total household income** is verified annually by current income tax returns. If income tax was not file for the past year, a "1722" letter verifying "Non-Verification of Filing Status" must be included. If unemployed but not yet receiving payments, include a letter from the state regarding the status of the claim. Non-US citizens must provide a copy of their Visa.
3. **Processing Period:** There is a maximum of a 14 day processing period for completed applications, and at high volume times additional days may be needed. Please hold your phone inquiries about status until the 14 days have passed. For those turning in additional information the 14 days starts when all necessary documents are received. Should there be circumstances which cannot be made clear with the submitted paperwork a personal interview can be arranged with your member service representative. Please contact your local branch if you have concerns regarding this process.
4. **Please submit copies** and keep your originals. We can make copies if necessary.
5. **Method of Payment:** Once all the data is compiled you will receive a phone call or award letter in the mail which will have an expiration date. Please come in and set up your membership or program as soon as possible. Bring in your photo ID, payment for the first month and billing method. The best source is your personal checking or savings account. The options for payment are: monthly draft or payment in full for the year.

Item	Description	Source
W-2's	Copies of 2 months most recent pay stubs for all adults. Only if there is a significant change in income & to verify individual income for those filing jointly.	Current employer
Letter of Non-Filing	If taxes were not filed	IRS website or office
Change in income from last year		Current employer
Copies of all subsidy letters received for anyone in the house	Social Security or SSI Disability	Social Security Administration
	Division of Family Services, Food Stamps, Foster Care support, Section 8 or any housing support, Temporary assistance	Division of Family Services
	Utility assistance	Housing Authority
	Unemployment disbursements	Unemployment web site
	Maintenance support	Divorce Decree
Other Income	Family support	Letter from their family with
	Portfolio Statement with disbursements	Financial Advisor or investor
	Pensions	Fund manager
	School Grants	School Registrar
	Inheritance	Estate disbursing agent
Still married, not living together	Copy of separation agreement, or if none both incomes need to be verified by taxes & subsidies and impact your financial situation, usually Medical	IRS, Attorney
Proof of dependency	Tax return should have dependents listed, if not on return, then a birth certificate and a letter from the school with the parents name, child's name. Divorce Decree with dependents names and custodial & tax arrangement	



## FINACIAL ASSISTANCE PROGRAM QUINCY FAMILY YMCA

Last Name, First Initial \_\_\_\_\_ Member ID \_\_\_\_\_

### How to apply for Financial Assistance:

- Turn in application, financial verification and dependent verification to the YMCA Welcome Center.
- Your application **will not** be accepted unless required verification is submitted in its entirety.
- Applicants will be notified of the decision within 14 business days of applying.
- Approved applications will be kept on file for 60 days. If unclaimed, please re-apply with most up to date information.
- You may renew your membership annually by following the same guidelines and submitting a letter stating how this program has affected you and or your family.
- The Y should be notified if there is a change in income/household status. This may result in a fee adjustment.
- If you have extenuating circumstances that you wish to explain please attach a letter.

Documents	Member Initials	Staff Initials upon receipt
Completed Membership/Program Application in its entirety; signed and dated		
Most recent Federal tax form ex. 1040, 1040ez, for Seniors or persons receiving Disability form must be attached.		
Documentation of all Household Income: monthly income, food stamps, social security, alimony, child support, VISA information, etc.		
If applicant is unemployed: Official Unemployment Letter with eligible benefits or Denial Letter		
Documentation of dependents if they are not listed on tax return (under the age of 18) i.e. birth certificate or medical card		
Backside of this form completed in its entirety		
Expectations for renewal eligibility are: <ul style="list-style-type: none"><li>• 8 visits per household per month in order to renew membership</li><li>• Program enrollment: during a 7 week session, no more than 3 program ab-</li></ul>		
Membership dues may be paid: <ul style="list-style-type: none"><li>• On a Bank Draft through checking or savings account</li><li>• 1 year in advance</li></ul>		