



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

Financial Assistance Policy

The YMCA seeks to assist people who have financial limitations. Financial assistance funds are donated through the Annual Campaign, United Way and special grants. The amount of assistance awarded to any one individual/family may be limited in order to serve the greatest number of applicants within the resources available.

All information obtained in the Financial Assistance Application will remain confidential and be accessible only to the designated staff members in charge of procedures. Under no circumstances will anyone else have access to individual identifying information concerning applicants.

Eligibility

Eligibility is based on complete application **AND** documentation.

1. Assistance will be granted on the basis of financial need through the application process. All rates and fees are to be kept confidential, as they are specific to individual circumstances.
2. Financial assistance needs to be renewed by applicant annually or as financial circumstances change.
3. To receive financial assistance for YMCA Child Care you must claim your child on your tax return and must pay for his/her child care.

How to Apply for Financial Assistance

1. Complete the application and provide documentation of income. **Applications without documentation will not be processed.** The following documentation must be submitted with your application:
 - a. Tax Return (most Recent)
AND
 - b. Any other forms of documentation of income: three consecutive pay stubs for each wage earner* or Unemployment and/or Disability Payments
Every person in household must provide income documentation whether they will be receiving aid or not.
2. Documentation of extenuating circumstances to be considered (medical treatment, education costs, unemployment, etc.)
3. Return your application to the Irvin Deutscher Family YMCA- 350 Civic Drive, Pleasant Hill, CA 94523 - Phone: 925 687 8900.

Irvin Deutscher Family YMCA

350 Civic Drive, Pleasant Hill CA 94523
P 925 687 8900 F 925 825 1879 www.idfymca.org

FINANCIAL INFORMATION

Monthly Living Expenses

Rent/Mortgage	\$ _____
Utilities (electricity, water, garbage, sewer) -no cable/cell phone	\$ _____
Telephone	\$ _____
Auto Payment	\$ _____
Auto Insurance	\$ _____
Transportation Costs (fuel, maintenance, parking)	\$ _____
Insurance (health/life)	\$ _____
Medical/Dental (not covered by insurance)	\$ _____
Tuition or College loans	\$ _____
Credit Card Payments	\$ _____
Child/Spouse Support	\$ _____
Other	\$ _____
Total Monthly Expenses	\$ _____

Monthly Income*

Total Household Gross Income (before Taxes)	\$ _____
Investment Generated Income	\$ _____
Unemployment	\$ _____
Child/Spouse Support	\$ _____
Disability/Workers Comp	\$ _____
Social Security	\$ _____
Pension/Retirement, etc.	\$ _____
Food Stamps	\$ _____
Other (tips, scholarships, grants)	\$ _____
Total Monthly Income	\$ _____

*Documentation required.

PERSONAL INFORMATION:

Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

Employer: _____ Employer Address: _____

Marital Status (Circle One): Single Married Separated Divorced Widowed

Spouse/Partner Name: _____ DOB: ____/____/____

Work/Cell Phone: _____ Email: _____

Employer: _____ Employer Address: _____

Documentation of financial dependence required

Dependent Name: _____ M/F DOB: _____ Grade: _____

Dependent Name: _____ M/F DOB: _____ Grade: _____

Dependent Name: _____ M/F DOB: _____ Grade: _____

Dependent Name: _____ M/F DOB: _____ Grade: _____

Dependent Name: _____ M/F DOB: _____ Grade: _____

PROGRAM/MEMBERSHIP ASSISTANCE FOR:

(check the appropriate program and/or membership you are applying for)

___ Swim Lesson ___ Youth Sports ___ Middle School After School

___ Before /After School Child Care Child Care Site Name _____

___ Preschool Child Care Preschool Site Name _____

___ Facility Memberships (circle one) •Teen •One Adult •One Adult with Children (12 & Under)

•Two Adults •Two Adults with Children (12 & Under) •Young Adult

___ Other (please explain): _____

NAME OF PROGRAM PARTICIPANT(S):

How did you hear about our Financial Assistance Program?

Are you currently receiving Financial Assistance? YES NO

If yes, which program? _____

Have you ever received Financial Assistance in the past? YES NO

If yes, which program? _____

Please list and document any special circumstances that contribute to your need for financial assistance:

The YMCA believes a strong sense of ownership and pride is developed if financial assistance recipients contribute to the cost of their involvement. Applicants are asked to pay a portion of membership and program fees. All fees are confidential and are based on specific circumstances.

What is the actual cost of the program/membership you are applying for? \$ _____

What do you feel you can afford to contribute? \$ _____

I declare that all information contained in this application is true and correct to the best of my knowledge and belief. If requested to do so, I can/will provide proof of all facts including current income. I have provided all required documentation. I agree to inform the Irvin Deutscher Family YMCA of any change in my financial status.

Applicant Signature

Date