



YMCA of the North Shore FINANCIAL ASSISTANCE APPLICATION

New Application Renewal

Everyone belongs at the Y! Our Financial Assistance program enables all individuals and families to become active members and participants at a rate that fits their budgets. This program is possible thanks to the many generous donors who support the YMCA's Annual Campaign — 100% of donations made to the Y help support kids, adults and families in need.

Name: _____ DOB: ___/___/___ Email: _____ Today's Date: ___/___/___
(Required)

Phone: _____ Address: _____ Student Employee
(Please list school or employer)

1: Who else lives in your household?

_____	___/___/___	<input type="checkbox"/> Student	_____
Name	Date of Birth	<input type="checkbox"/> Employee	Employer
_____	___/___/___	<input type="checkbox"/> Student	_____
Name	Date of Birth	<input type="checkbox"/> Employee	Employer
_____	___/___/___	<input type="checkbox"/> Student	_____
Name	Date of Birth	<input type="checkbox"/> Employee	Employer
_____	___/___/___	<input type="checkbox"/> Student	_____
Name	Date of Birth	<input type="checkbox"/> Employee	Employer

Total number of children: _____

Why are you applying for financial assistance?

2: What is your household's annual financial picture?

PLEASE DO NOT SUBMIT ORIGINALS

REQUIRED DOCUMENTS

Gross Wages, Salary & Tips	\$ _____	⇒	Federal Tax Return (FORM 1040) & Pay Stubs (most recent month's)
Unemployment Compensation	\$ _____	⇒	Unemployment Award Letter
Child Support / Alimony	\$ _____	⇒	Court Award Letter &/or D.O.R. Statement
Social Security / Government Assistance	\$ _____	⇒	Agency Award Letter / SNAP or TAFDC Statement
Retirement / Investments	\$ _____	⇒	Pensions / Annuities / Rental Income / All Other Income Statements
Untaxed Income (housing allowance, family support)	\$ _____	⇒	Pay Stubs / Official Summary Letter

Why do you need my tax returns?

In order to ensure fair distribution of financial assistance dollars, we have an obligation to our donors and community to confidentially verify financial need for each applicant.

Estimated Gross Income: \$ _____

3: Which scholarships do you need?

Membership Program Child Care Camp

Circle which type of membership you'd like:

2 Adult w/Children 1 Adult w/Children 2 Adult Adult Teen Youth

EXPEDITED MEMBERSHIP ENROLLMENT

INITIAL I would like to begin my membership immediately with a complimentary one-time 25% discount.

INITIAL I understand that to qualify for a reduced membership rate going forward, I must submit income verification within 7 days, or my monthly payments will automatically increase to the regular rate.

REQUIRED CHILD CARE/CAMP INFO

1. Is your child currently attending child care (YMCA or other) in a government-assisted slot? ____ YES ____ NO

If yes, check one:

- Basic/Income eligible contracted slot
 - Voucher
 - Other _____
- Where is s/he currently attending child care? _____

2. Are you currently on the state's waiting list to receive subsidized child care? ____ YES ____ NO

If you're not, and your income falls within a certain range and all caregivers are working, we will ask you to complete a waitlist application before your YMCA Financial Assistance award is approved.

3. If applying for camp, how many weeks do you need? _____

ANNUAL RENEWAL NOTICE

INITIAL I understand that I will be asked to submit updated financial information annually, in order to confirm that I still qualify for assistance and to adjust my rate as appropriate. I understand that if I do not resubmit my financial information during the renewal period (typically April/May), my assistance will expire, and any membership/childcare/camp/program fees will automatically increase to the regular rate.