

**YMCA of Greater Long Beach
Los Altos Family YMCA
1720 Bellflower Blvd, Long Beach, CA 90815
562-596-3394 ~ 562-596-7911 Fax**

FINANCIAL ASSISTANCE APPLICATION

Programs of the Los Altos Family YMCA shall be available to all, regardless of age, sex, and ethnic origin.

The Financial Assistance Policy, established by the YMCA Board of Managers, exists to help the YMCA accomplish that goal. Applications for the financial assistance program shall be reviewed to determine the need of the applicant to participate in the desired program. Those not able to pay the fee may be awarded a partial financial assistance based on their demonstrated ability to pay and the YMCA's ability to fund the subsidy.

Eligibility:

1. Applicants must work or reside within the YMCA branch service area.
2. Assistance will be granted on the basis of financial need as demonstrated by the YMCA.
3. The objective criteria for qualifying applicants are set forth within the Financial Assistance Policy and eligibility of funds determined by the Financial Assistance Sliding Scale.

Application:

Financial Assistance applications are available at any Los Altos Family YMCA branch location. All applications must be completed thoroughly and accurately and a copy of the applicant's most recent tax returns and last three (3) pay stubs must be submitted with the application. All application and related records will be kept confidential.

For further information on the YMCA's Financial Assistance Policy, please contact your YMCA Director.

- * Note: Staff review of financial assistance applications will take a minimum of (5) five working days after receiving completed materials from the applicant.



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Financial Assistance Application

Parent/Guardian Name _____ Birthdate _____ Gender _____

Child's Name _____ Birthdate _____ Gender _____
(if applicable)

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Child's School _____ (if applicable)

Child lives with _____ Number of family members _____ (if applicable)

Other Children in Family:

Name _____ Age _____ Name _____ Age _____

Mother/Spouse Name _____ Contact Phone _____

Current Employer _____ Employer Phone _____

Annual or Monthly Income _____ How long? _____

Father/Spouse Name _____ Contact Phone _____

Current Employer _____ Employer Phone _____

Annual or Monthly Income _____ How long? _____

Are you presently enrolled in school? _____ Full time/Part time? _____

Social Services Case Worker _____

Phone Number _____ Case Number (required) _____

Program/Camp applying for: _____ Fee \$ _____ Session _____

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Briefly state why you feel your child is deserving of assistance funds and/or your special circumstances for need of these funds: _____

How long do you anticipate a need for these funds? _____

I understand that the YMCA Financial Assistance Program is designed to assist the youth, adults and families who would otherwise be unable to participate or who have a particular need for YMCA programs. I agree to notify the YMCA of any change in my income or ability to pay. I am aware that assistance funds are awarded for a maximum of 6 months, after which time it is my responsibility to reapply. All information is subject to verification.

Parent Signature _____ Date Completed _____

* Please attach most recent tax return and last three pay stubs.



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Monthly Budget Worksheet

Rent/Mortgage \$ _____

Property Taxes (monthly) \$ _____

Homeowners Insurance/Association Dues \$ _____

Total Monthly Utilities (gas, electric, water phone) \$ _____

Groceries/Supplies \$ _____

Car Payment(s) \$ _____

Auto Insurance (monthly) \$ _____

Auto Maintenance \$ _____

Medical Insurance \$ _____

Child Care Expense (if applicable) \$ _____

Credit Cards (please list names and monthly payments)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Miscellaneous Expenses (please explain)

_____ \$ _____

A. Total Monthly Income (Gross Income) \$ _____

B. Total Monthly Expenses \$ _____

Net (A - B) \$ _____

* Please attach most recent tax return and last three pay stubs

