

# Financial Assistance Request Application

YMCA OF GREATER LONG BEACH



YMCA Branch LOS CERRITOS YMCA Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Primary Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Street Unit# City State Zip Code

Spouse/ Significant Other \_\_\_\_\_ Primary Phone ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Person(s) in household seeking Financial Assistance:**

	Name (first & last)	Age	Date of Birth	Program(s) of Interest
1.				
2.				
3.				
4.				
5.				

**Income Sources:**

My household receives income in the following areas:

<input type="checkbox"/> Work/ Employment	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Social Security
<input type="checkbox"/> Child Support	<input type="checkbox"/> Sales/ Work Commissions	<input type="checkbox"/> SSI/ SSP
<input type="checkbox"/> Spousal Support	<input type="checkbox"/> Cash Aid ( CalWORKs)	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> State Disability	<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Total Combined Income \$ _____

I am able to pay \$ \_\_\_\_\_ towards the cost of the program.

**Income Documentation:**

To process your application we will need the following information from each adult (18+) in your household:

1. A copy of last year's tax return (W-2 is optional)
2. Most recent months' worth of pay stubs
  - a.(or) copies of 3 months of bank statements showing income/assistance and expenses
  - b.(or) copies of most recent months' social security or disability checks
  - c.(and/or) documentation on any additional income, federal assistance, rent subsidy, or aid to dependent children

Please submit the above documentation with this application. Your application cannot be processed without proof of income.

<b>OFFICE USE ONLY</b>	Application Type: New/ Renewal
Annual Income: _____	Date: ___/___/___
Household qualifies for _____% Approved by: _____	

# YMCA OF GREATER LONG BEACH

## Financial Assistance Information & Terms



The YMCA OF GREATER LONG BEACH is a not-for-profit, health and human services organization committed to helping people reach their full potential in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities, and income. The Y is community-based and believes that its programs and services should be available to everyone. This is why the Y offers a Financial Assistance Program. The Financial Assistance program is a sliding fee scale that is designed to fit each individual's financial situation. The YMCA will provide a maximum of 20% assistance off the full program rate. The Y believes a strong sense of ownership and pride is developed if the recipient has contributed to the cost of their Y involvement; therefore, you will be asked to pay a portion of the fees.

Financial Aid recipients are encouraged to support the Y by volunteering their time at a special event, as a youth sports coach, team parent, child care advisory council member, etc. For more information on YMCA volunteer opportunities, please contact our Administrative Office.

The funds available for the Financial Assistance program are made possible through the generosity of our members and donors in our Annual Giving Campaign.

The YMCA of Greater Long Beach requires that individuals and/or families complete the Financial Assistance Request Application to gather information regarding income and family size so that we can provide financial assistance in a fair and consistent manner. Of course, all information will be kept confidential.

A YMCA Director, based on a thorough review of the application, will determine financial assistance eligibility. Please allow 2 weeks to process your application. You will be notified by telephone, e-mail, or mail within two weeks if your application has been approved or if you need to submit additional information. Financial Assistance will be awarded on a first come, first serve basis, subject to available resources.

All YMCA members and program participants receive the same benefits, regardless of whether or not they are receiving assistance. Y members and participants can feel great knowing that they are involved in an organization that cares greatly for the community and is committed to youth development, healthy living, and social responsibility!

I agree to inform the YMCA immediately of any changes in my income or family size. The YMCA requires that I reapply annually to keep information on my application current. My level of assistance is subject to change when I reapply based on YMCA resources. The Y will notify me as my expiration date approaches. If I do not reapply when requested, my assistance will automatically expire, and my membership/program dues will return to the full rate. Should I reapply after the fact I will not be refunded or credited the difference in my membership/program dues.

I certify that the documents I have provided are current, and that the information I have provided is true and complete to the best of my knowledge. I understand that false or incomplete information could jeopardize my financial assistance.

**I UNDERSTAND THE ABOVE INFORMATION AND AGREE TO THE TERMS**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

**YMCA of Greater Long Beach  
Request for Financial Assistance**

**This section must be completed by all applicants applying for funds for the Before and After School Academic Enrichment or Day Camp Programs.  
Yearly Income**  
Please check the category that best represents your family.

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>Extremely Low (30%) Income Limits</b>	\$17,950	\$20,500	\$23,050	\$25,600	\$27,650	\$29,700	\$31,750	\$33,800
<b>Very Low (50%) Income Limits</b>	\$29,900	\$34,200	\$38,450	\$42,700	\$46,150	\$49,550	\$52,950	\$56,400
<b>Low (80%) Income Limits</b>	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200

**Ethnicity Background**  
Please check the one your family most closely identifies with.

<input type="checkbox"/> African American
<input type="checkbox"/> African American and White
<input type="checkbox"/> American Indian/Native American
<input type="checkbox"/> American Indian/Native American and White
<input type="checkbox"/> American Indian/Native American and African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White

**Who is in charge of the household?**  
Please check one.

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

**Income Limits based on 2017 Fiscal Year  
- Los Angeles County  
Median Income \$64,000/year**

