

Financial Assistance Request Application

YMCA OF GREATER LONG BEACH



YMCA Branch _____ Date _____

Applicant's Name _____ Primary Phone (____) _____

Place of Employment _____ Work Phone (____) _____ ext. _____

Email Address: _____

Home Address: _____
Street Unit# City State Zip Code

Spouse/Significant Other _____ Primary Phone (____) _____

Place of Employment _____ Work Phone (____) _____ ext. _____

Person(s) in household seeking Financial Assistance (please list yourself, your spouse/significant other, and dependents)

	Name (first & last)	Date of Birth	Program(s) of Interest
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	
6.		/ /	

Income Sources

My household receives income in the following areas:

- Work / Employment
- Child Support
- Spousal Support
- State Disability
- Unemployment Benefits
- Sales / Work Commissions
- Cash Aid (CalWORKs)
- Worker's Compensation
- Social Security
- SSI/SSP
- Other (explain) _____

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 (W2 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 can not be processed without proof of income.**

OFFICE USE ONLY Application Type: New / Renewal

Annual Income: _____ Date: ____/____/____

Household Qualifies for _____ % Approved by: _____

Income documentation has been shredded or returned? Yes / No

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 30% 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 mom, child care advisory council member, etc. For more information on YMCA volunteer opportunities, please contact our Welcome Center.

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!

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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): _____