



Today's date: \_\_\_\_\_

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **ALBANY YMCA FINANCIAL ASSISTANCE APPLICATION**

Dear Applicant:

Thank you for your interest in the Albany YMCA's financial assistance program. This program is possible due to YMCA supporters in our community.

Please complete an application for each person and return it to:

**Albany YMCA**  
921 Kains Ave.  
Albany, CA 94706

All applications are confidential. Applications are reviewed on the 15<sup>th</sup> and 30<sup>th</sup> of each month. No incomplete applications will be processed. Applications must be renewed every six months.

**Please complete Steps A, B and C below.**

### **STEP A. PROGRAM NAME**

Program for which you are requesting financial assistance:  Adult program  Youth program  Adult Membership

Name of program \_\_\_\_\_

### **STEP B. APPLICANT INFORMATION. Please complete Part 1 or Part 2 of this box.**

#### **1. ADULT PROGRAMS**

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Sex: M F Birth date \_\_\_/\_\_\_/\_\_\_

#### **2. YOUTH PROGRAMS**

Child(ren)'s Name \_\_\_\_\_ Sex: M F Birth date \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**STEP C. ELIGIBILITY – Please complete Part 1 or Part 2 of this box.**

1. Low Income (must show proof of income)

Occupation: \_\_\_\_\_

Employer Name & Phone: \_\_\_\_\_

Family Annual Income is Under:  \$7,000  \$11,000  \$14,000  \$16,000  \$20,000  Other\_\_\_\_\_

Child Support or additional income \_\_\_\_\_

2. Family receives public assistance:  CalWorks  Social Security  Disability  Unemployment  
 Other \_\_\_\_\_

Social or Eligibility Worker's Name \_\_\_\_\_ ID # \_\_\_\_\_

Case # \_\_\_\_\_ Medical or Food Stamp # \_\_\_\_\_

**Please attach a separate sheet of paper if you feel additional information will be helpful in making a determination.**

Date rcd \_\_\_/\_\_\_/\_\_\_ Reviewed by/Date \_\_\_\_\_ App \_\_\_\_\_ Denied \_\_\_\_\_ Amt \_\_\_\_\_ Date notified \_\_\_\_\_ Accepted \_\_\_\_\_

In order to consider your application for financial assistance, we must have information about the financial resources of you and all who reside or contribute to your household income. We cannot make a determination unless we have documentation from one or more of the following sources.

**If employed:**

- Most recent tax return and 2 recent paystubs from all employed in the household  
Note: If you are claimed as a dependent on another person's income tax return other than your spouse, please provide the above documentation for that person.

**If you are not employed, sources of household income:**

- ◆ Checking accounts, Savings accounts, or available credit on a credit card you are living on
- ◆ Interest or Dividends from:
  - Savings Accounts
  - Stocks or bonds
  - Retirement Accounts
- ◆ Unemployment Benefits
- ◆ Rental or Royalty Income
- ◆ Disability Payments
- ◆ Workers Compensation
- ◆ Social Security, SSI, SSP
- ◆ Pensions
- ◆ Insurance Settlements
- ◆ Legal Settlements
- ◆ CalWorks: employment information and/or current school schedule
- ◆ Food Stamps
- ◆ Child Support
- ◆ Cash and/or Other Income
- ◆ Spousal Support
- ◆ Scholarships, Grants, or Other Aid Used for Living Expenses while in school
- ◆ Profit from Self-Employment

**Note: Applications without documentation or current documentation will not be considered.**