



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

Financial Assistance Application

Financial Assistance Policy

The YMCA seeks to assist people who have financial limitations. Financial assistance funds are donated through the Annual Sustaining Campaign, United Way and special grants. The amount of assistance awarded to any one individual/family may be limited in order to serve the greatest number of applicants within the resources available.

All information obtained in the Financial Assistance Application will remain confidential and be accessible only to the designated staff members in charge of procedures, or to a Financial Assistance committee who may be involved in the assessment process. Under no circumstances, will anyone else have access to individual identifying information concerning applicants.

Eligibility

Eligibility is based on complete application and documentation.

1. Applicants must work or reside in the YMCA service area.
2. Assistance will be granted on the basis of financial need through the application process. All rates and fees are to be kept confidential, as they are specific to individual circumstances.
3. Financial assistance will be reviewed for eligibility annually or as deemed necessary.
4. One application must be completed for each program, session or membership.
5. To receive financial assistance for YMCA Child Care you must claim your child on your tax return and must pay for his/her child care.

How to Apply for Financial Assistance

1. Complete the application and provide documentation of income, Applications without documentation will not be processed. The following documentation must be submitted with your application:
 - a. Tax Return (most Recent)

AND

 - b. One other form of documentation of income: three consecutive pay stubs for each wage earner or Unemployment and or/ Disability Payments
2. Documentation of extenuating circumstances to be considered (mental treatment, education costs, unemployment, etc.)
3. Return your application to Irvin Deutscher Family YMCA- 350 Civic Drive, Pleasant Hill, CA 94523 - Phone: 925 687 8900

Irvin Deutscher Family YMCA

350 Civic Drive, Pleasant Hill CA 94523

P 925 687 8900 F 925 825 1879 www.ymca-cba.org

FINANCIAL INFORMATION

Monthly Living Expenses*

Rent/Mortgage	\$ _____
Utilities (electricity, water, garbage, sewer) -no cable/cell phone	\$ _____
Telephone	\$ _____
Auto Payment	\$ _____
Auto Insurance	\$ _____
Transportation Costs (fuel, maintenance, parking)	\$ _____
Insurance (health/life)	\$ _____
Medical/Dental (not covered by insurance)	\$ _____
Tuition or College loans	\$ _____
Credit Card Payments	\$ _____
Child/Spouse Support	\$ _____
Other	\$ _____
Other Total Monthly Expenses	\$ _____

Monthly Income*

Total Household Gross Income (before Taxes)	\$ _____
Investment Generated Income	\$ _____
Unemployment	\$ _____
Child/Spouse Support	\$ _____
Disability/Workers Comp	\$ _____
Social Security	\$ _____
Pension/Retirement, etc.	\$ _____
Food Stamps	\$ _____
Other (tips, scholarships, grants)	\$ _____
Total Monthly Income	\$ _____

*Documentation may be required.

PERSONAL INFORMATION:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Employer Address: _____

Marital Status (Circle One): Single Married Separated Divorced Widowed

Spouse/Partner Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Employer Address: _____

Dependent Name: _____ M/F Age: _____ Grade: _____

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PROGRAM/MEMBERSHIP ASSISTANCE FOR:

(check the appropriate program and/or membership you are applying for)

___ Swim Lesson/Aquatics

___ After School Child Care

___ Preschool Child Care

___ Y-Arts

___ Before School Child Care

___ Youth & Government

___ Day Camps

___ Resident/Caravan Camp

___ Trailblazers

___ Y-Guides

___ Youth Sports

___ Teen Programs

___ Facility Memberships (circle one) Active Older Adult Active Older Adult Family Family Adult Teen

___ Other (please explain): _____

___ Child Care Site: _____

NAME OF PROGRAM PARTICIPANT(S):

How did you hear about our Financial Assistance Program?

Are you currently receiving Financial Assistance? YES NO

If yes, which program? _____

Have you ever received Financial Assistance in the past? YES NO

If yes, which program? _____

Please list and document any special circumstances that contribute to your need for financial assistance (Family illness, death, unemployment, etc.)

The YMCA believes a strong sense of ownership and pride is developed if financial assistance recipients contribute to the cost of their involvement. Applicants are asked to pay a portion of membership and program fees. All fees are confidential and are based on specific circumstances.

What is the actual cost of the program/membership you are applying for? \$ _____

What do you feel you can afford to contribute? \$ _____

I declare that all information contained in this application is true and correct to best of my knowledge and belief. If requested to do so, I can/will provide proof of all facts including current income. I have provided all required documentation. I agree to inform the Irvin Deutscher Family YMCA of any change in my financial status.

Applicant Signature

Date