

# TIFTAREA YMCA FINANCIAL ASSISTANCE APPLICATION



It is the policy of the Tiftarea YMCA to provide services for children and adults who would like to participate and who understand the benefits of the YMCA, regardless of their ability to pay the standard fees.

## GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Date Of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

## EMPLOYMENT INFORMATION

(please attach proof of gross income for current 6 weeks for all adults in household)

Your Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_  
 Spouse's Employer \_\_\_\_\_ Phone \_\_\_\_\_

## COLLEGE INFORMATION

(Full Time students must submit a letter verifying full time enrollment signed by registrar's office of their school)

Are you or anyone in the household enrolled as a full time, day time college student? YES NO  
 Name of Student \_\_\_\_\_ School Attending \_\_\_\_\_  
 Does this student receive ANY financial aid? YES NO  
 If you answered yes to the previous question, what is the amount of assistance? \$ \_\_\_\_\_  
 (Please attach verification to the back of this application)

## PLEASE LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH

Please note amount received next to each item that you or anyone in your household receives. Please include verification for each.

ITEM	AMOUNT RECEIVED	DOCUMENTS ATTACHED (YES OR NO)
SSI		
TANF		
FOOD STAMPS		
SOCIAL SECURITY		
CHILD SUPPORT		
PELL/HOPE GRANT		
DISABILITY/SICK PAY		
RETIREMENT/PENSION		
UNEMPLOYMENT		
WORKMAN'S COMP		

**Note:** Documentation of the above information allows the Tiftarea YMCA to better determine your eligibility for financial assistance. All information must be accompanied by the corresponding verification. Please attach all verification to the back of this application.

\*You must be actively seeking child support in order to receive financial assistance for a child whose parent does not reside in the home. Proof must be provided that you are actively pursuing Child Support Enforcement services.

\*In order to receive assistance for child care programs, all adults in the household must show proof of full time positions and/or be working AND going to school.

**Why do you wish to receive financial aid from the Tiftarea YMCA?**

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YMCA membership policy requires payment in full (extended payment may be arranged) or a draft on your checking account monthly. Payment towards the payment in full plan will activate the assistance and/or membership immediately. If complete payment is not received within the specified time period, assistance and/or membership will be terminated immediately.

*I do hereby declare that the information provided on this form is complete and truthful to the best of my knowledge. I have attached the requested documentation to verify my monthly household income. I also understand that this application is subject to review by the Chief Financial Officer of the YMCA. If approved, this application MUST be renewed upon request. The office or Director may request a renewal or further information at any time. However, this application MUST be renewed at the end of one year. Furthermore, I understand that obligated to immediately notify the Tiftarea YMCA of any changes in the listed income or circumstances that will affect my eligibility for financial assistance. I understand that any false information provided by me will result in immediate termination of any financial assistance provided by this organization. Finally, I have read and understand this statement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

# FOR OFFICE USE ONLY

The office staff will ask the following questions when you return this form to the membership office.

1. Is this a NEW or RENEWAL application? \_\_\_\_\_ Renewal Date \_\_\_\_/\_\_\_\_/\_\_\_\_
2. What type of membership/program are you requesting? \_\_\_\_\_  
Memberships: Family/SP Family/Adult/Couple/Senior/Student/Youth/Pool  
Programs: Youth Sports/Jiu-Jitsu/Summer Camp/Swim Lessons/Y Christmas
3. Are verification documents attached for any other forms of financial aid received by all who reside in the household? YES NO
4. Are there any special circumstances we should know about? YES NO  
If yes, please explain \_\_\_\_\_
5. If employed, are your current 6 weeks paystubs and/or a copy of your last W2 attached? YES NO
6. If you are a single parent, are child support documents for all listed children attached? YES NO

Gender: M/F EEOC: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Received By Office: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Membership Type _____
Amount Due \$ _____
Monthly/Annual _____
Assistance \$ _____
Assistance % _____

Program Type _____
Amount Due \$ _____
Weekly/Monthly _____
Assistance \$ _____
Assistance % _____