



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REQUEST FOR FINANCIAL ASSISTANCE

The YMCA of Darke County has made a commitment to provide access to our facilities regardless of ability to pay and the Y is able to fulfill this commitment with the support of our Annual Community Partners Campaign.

**To process your financial assistance application, please provide all applicable documentation (for family membership, each working adult needs to provide proof of their income):**

- Completed Financial Assistance Application
- Copy of most recent year's Federal Income Tax Return
- Copy of two most recent pay stubs for each working person in household
- Copy of most recent Social Security/Disability Award Letter (if applicable)
- Copy of Child Support documentation (if applicable)
- Cop of most recent Food Assistance/Cash Assistance Award (if applicable)
- Copy of Unemployment Benefits Statement (if applicable)
- Copy of any other income—this includes Retirement, Workers Compensation, Alimony, Rental Income, or Pension (if applicable)

**Failure to provide proper documentation will result in the application process being delayed until all documentation is received and the application is filled out completely.**

Please allow 7-14 business days to process your application. Upon processing, you will be sent a letter via mail stating whether or not you have been approved.

The YMCA of Darke County requires individuals re-apply after a 12 month period to keep the information on the application updated. You will be notified a month before your expiration date to re-apply. Your fees are subject to increase when you re-apply. If you do not re-apply, your membership dues will automatically increase to the regular membership rate.

## FINANCIAL ASSISTANCE APPLICATION

Today's Date: \_\_\_\_\_

Gender (Circle one):    Male    Female

Applicant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_

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

Are you currently a YMCA Member?                       Yes                       No

Are you currently receiving financial assistance?                       Yes                       No

Marital Status (please check one):     Single     Married     Separated/Divorced     Widowed

Applicant's Employer's Name: \_\_\_\_\_

Applicant's Employer's Address: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (Circle One):                      Male    Female

Number of Adults in Household: \_\_\_\_\_                      Number of Children in Household: \_\_\_\_\_

Please list the first name, last name, gender, and date of birth of **all dependents** living in your household. You may be required to show proof of residency.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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## FINANCIAL ASSISTANCE APPLICATION

Please check the type of membership you are applying for:

- Youth (6-18)    Young Adult (19-24)    Adult (25-64)    Senior Adult (65-89)
- Single Parent Family    Family    Senior Family (both 65-89)

### MEMBERSHIP TYPES

Family: Two adults and their dependent children who live in the household

Single Parent Family: One adult and their dependent family who live in the household

**All Financial Assistance applicants must supply the income of all the working adults in the household, regardless of membership type.**

### INCOME/EXPENSE WORKSHEET

Income (list all MONTHLY income)

Applicant's Monthly Income                      \$ \_\_\_\_\_

Co-Applicant's Monthly Income                      \$ \_\_\_\_\_

Other Income (all adults 18+)                      \$ \_\_\_\_\_

Child Support (if applicable)                      \$ \_\_\_\_\_

Social Security/SSI (if applicable)                      \$ \_\_\_\_\_

Food Assistance (if applicable)                      \$ \_\_\_\_\_

Cash Assistance (if applicable)                      \$ \_\_\_\_\_

Unemployment (if applicable)                      \$ \_\_\_\_\_

Alimony (if applicable)                      \$ \_\_\_\_\_

Pension/Retirement (if applicable)                      \$ \_\_\_\_\_

Housing Assistance (if applicable)                      \$ \_\_\_\_\_

Other (please explain)                      \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL INCOME                      \$ \_\_\_\_\_

Expenses (list all MONTHLY expenses)

Rent/Mortgage                      \$ \_\_\_\_\_

Vehicle Payments                      \$ \_\_\_\_\_

Utilities                      \$ \_\_\_\_\_

Phone Service                      \$ \_\_\_\_\_

Cable/Internet                      \$ \_\_\_\_\_

Child Care                      \$ \_\_\_\_\_

Food                      \$ \_\_\_\_\_

Credit Cards                      \$ \_\_\_\_\_

Medical Expenses                      \$ \_\_\_\_\_

Gas (Car/Home)                      \$ \_\_\_\_\_

Insurance                      \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL EXPENSES                      \$ \_\_\_\_\_

## FINANCIAL ASSISTANCE APPLICATION

So that we may better evaluate your needs, please share your reasons for requesting financial assistance and how you feel you and your family would benefit from a YMCA membership. Please list any extenuating circumstances that might assist us in the review process:

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## RELEASE FORM

1. I certify the above information to be true. I understand that if any information is found to be false, my membership may be subject to termination.
2. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA participation. I understand that I will be asked to pay a portion of the fees through monetary commitment and that failure to complete my financial commitment will prohibit me from applying against until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may take advantage of the assistance.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

% of Assistance: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_ Yearly Amount: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_