



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Financial Assistance Application

PLEASE CHECK ONE: NEW APPLICANT <input type="checkbox"/> RENEWAL <input type="checkbox"/>	
APPLICATION RECEIVED DATE: ____/____/____	
RECEIVED BY YMCA STAFF:	BRANCH:

We believe that everyone in our community should have the opportunity to benefit from the YMCA programs and services. YMCA of Virginia's Blue Ridge Financial Assistance program is provided for a two year period and must include your **total household income**. The YMCA determines eligibility for financial assistance based on the prior year income and a set scale based on poverty levels. Assistance will be reviewed for eligibility after two years of membership. As a participant in the program, it is your responsibility to update your Financial Assistance Application prior to the renewal date. Your membership and/or program will go to **full price** if you do not renew your Financial Assistance information and provide proof of income before the deadline. If you wish to cancel your membership please visit your home branch and fill out a cancellation form 30 days prior to your next draft date.

Required Documentation: Please attach *copies* of the following items to your completed application before you submit for processing or within 14 days of joining the YMCA.

- ___ A copy of the most recent tax return (1040 or 1040 EZ) for everyone living in the household OR verification of non-filing. Visit <https://www.irs.gov/individuals/get-transcript> or your local IRS office for non-filing.
- ___ The last 2 paycheck stubs of everyone in the household who is working
- ___ Proof of Social Security or Social Security Disability Income if applicable

Applicant Information: (Please print clearly) How did you hear about the YMCA?

First Name _____ MI _____ Last Name _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address: _____

Birth Date: ____/____/____ Gender: (circle one) ___ Male ___ Female ___ Decline

2nd Adult's First Name _____ MI _____ Last Name _____ Birth Date: ____/____/____

Other Adults and/or Dependents: Use an additional sheet if needed.

First Name	MI	Last Name	Age	DOB	Gender	School Attending
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

To submit your application, please take it to your local YMCA or call the location to request fax/email information.

This is a financial assistance application for: (You may check as many as you may need assistance with)

___ PROGRAM: (financial assistance is offered for YMCA programs including: youth sports, group swim lessons, adult group wellness, dance, and gymnastics)

___ Licensed Childcare (after-school, summer camp, swim team) Please note that you will be contacted via phone for additional information.

___ NEW MEMBERSHIP or ___ RENEWAL MEMBERSHIP: What type?

- Child (0-12 yr) Teen (13-19 yr) Individual
- Senior (70+) Household (2 Adults Only) Household w/ Dependents
- Senior Household (Seniors 70+) Household w/ 3 Adults Household w/ 4 Adults

Please enter your Household Gross Annual Income: _____

Household Monthly Gross Income: _____

How much can you afford to pay? (Amount is considered in processing but not guaranteed)

Membership per month: _____

Please Note: It is unusual that 100% financial assistance is provided by the YMCA.

Please list any special circumstances for us to consider. _____

Have you completed the entire FA Application and attached the required documentation?

___ Yes ___ No

(If no, you have 14 days to bring in the required documentation or your membership will revert to full pay)

I certify that all information provided is true and complete to the best of my knowledge. I understand that false information will disqualify me from participating in the financial assistance program. I understand that the decision to grant a fee reduction is at the sole discretion of the YMCA if funds are available. I understand that I must renew my financial assistance every two years. This is not a guarantee that I will continue to receive a reduction of fees. I understand that failure to renew this financial assistance will **NOT** terminate my membership and/or program status but **WILL** result in an increase of dues to the full price. I understand that it is my responsibility to notify the YMCA of any changes in my personal information including change of address, phone number or changes in my financial situation. We want to be good stewards of the money awarded, and therefore strongly encourage you to use the membership/program(s).

Signature: _____ Date: _____

Office Use Only

Approved Membership FA _____%
Monthly Membership Amount \$ _____
Joining Fee Amount \$ _____
Approved Program FA _____%
Approved Childcare FA _____%
Renewal Date: _____
Signature of Reviewer: _____