



# Shenango Valley YMCA Financial Assistance Program

The YMCA is a non-profit, community based organization dedicated to the development of the total individual. We strive to strengthen kids, families and our community through programs based on Christian principles that emphasize Caring, Honesty, Respect and Responsibility. Our YMCA welcomes all people regardless of religion, race, income ability or sex. It is the Y's mission to reach out and serve all people.

## **Who does the Financial Assistance Program seek to serve?**

- Youth referred by school districts, churches and human service organizations
- Families / individuals who are temporarily out of work
- Families / individuals who are unable to provide financial means to pay for service

## **For what programs will assistance be given?**

Assistance will be offered for both membership and programs offered by the YMCA.

## **How much assistance will be provided?**

The amount of assistance any one person (family) will receive is based on the amount of need and the availability of YMCA funds for financial assistance. Children are given first preference to any funds available. Most applicants will be asked to pay a portion of the membership or service. It is our goal to help as many people as possible with our resources.

## **How long will assistance be provided?**

Generally assistance is provided for 12 months. If an applicant wishes to extend assistance beyond 12 months they must reapply.

## **How does the YMCA fund the Financial Assistance Program?**

Monies are received from our Annual Sustaining Campaign, the United Way of Mercer County and donations to help fund our Financial Assistance needs.

## **How do I go about applying?**

Complete and submit all pages in this application packet along with:

- A referral letter. (from a school official, minister, YMCA staff or board member, social service/financial assistance employee).
- Proof of income.

Applicants may be required to meet with YMCA staff. All applications are reviewed by a staff committee and processed in a timely manner. You will be called when a determination has been made.

**No application will be processed without all the required information.**

# Financial Assistance Application

Request for Assistance:

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

Renewal Application: Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe who you are requesting assistance for and why.

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Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address:

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Phone: \_\_\_\_\_

Employer: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Employer: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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**Please list name and birth date of dependent children:**

_____	Date of Birth: ___/___/___
_____	Date of Birth: ___/___/___
_____	Date of Birth: ___/___/___
_____	Date of Birth: ___/___/___
_____	Date of Birth: ___/___/___
_____	Date of Birth: ___/___/___

Total number of people living in household: \_\_\_\_\_

## Household Income Reporting:

Are you or anyone in the household receiving...

payroll checks?	Yes	No	Amount \$: _____
cash assistance?	Yes	No	Amount \$: _____
food stamps?	Yes	No	Amount \$: _____
Social Security benefits?	Yes	No	Amount \$: _____
Veteran's benefits?	Yes	No	Amount \$: _____
child support?	Yes	No	Amount \$: _____
spousal support?	Yes	No	Amount \$: _____
unemployment benefits?	Yes	No	Amount \$: _____
utility assistance?	Yes	No	Amount \$: _____
housing assistance?	Yes	No	Amount \$: _____
other sources: _____? (list all sources of monthly income)	Yes	No	Amount \$: _____

Total Current Monthly Income: \$ \_\_\_\_\_

## Indicate the attached income documentation:

- Copy of most recent federal income tax return (IRS Form 1040)
- Copies of payroll check stubs, from the he last 3 months, from all employed members of the household
- Unemployment card and check stubs and statements
- Assistance check stubs and/or statements

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## Monthly Expense Reporting:

I/we live with someone who pays the bills.

Housing: Rent  Own  Monthly Payment: \$ \_\_\_\_\_

Total Utility Cost per month: (heat, electric, phone, garbage, water) \$ \_\_\_\_\_

Car payments per month:

Year(s) \_\_\_\_\_ Type of Car(s) \_\_\_\_\_ \$ \_\_\_\_\_

Monthly debt payments to lending institution: \$ \_\_\_\_\_

Monthly credit card payments: \$ \_\_\_\_\_

Monthly cable TV, Internet and cell phone payments: \$ \_\_\_\_\_

List of extraordinary expenses including court decisions and medical bills:

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I understand that in accordance with YMCA policy, this application will not be considered without accompanying documentation of income. We require IRS Form 1040 and current employer status report or public aid disclosure.

In addition I understand that I must attach a letter of reference (from either a school official, minister, YMCA staff or board member, social service/financial assistance employee).

I understand that all information provided will be kept confidential, reviewed only by YMCA staff and used solely for the purposes of determining assistance.

I, hereby, certify that the information supplied herein, is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify the YMCA, in writing, of any change in information supplied in this application, such as income, address, living arrangements or other matters which might affect my eligibility for financial assistance. I understand that failure to comply with YMCA policies can result in immediate revocation of financial assistance privileges.

Signed: \_\_\_\_\_