



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Home Branch: _____

FINANCIAL ASSISTANCE APPLICATION FOR YMCA OF AUSTIN

Thanks to our generous donors to our Annual Giving Campaign, we are able to make the Y accessible through our Financial Assistance Program. Please complete this form and return all required documentation to your YMCA of Austin home branch.

***** DISCLAIMER: THIS APPLICATION IS NOT FOR CAMP OR AFTERSCHOOL PROGRAMS. PLEASE USE PROGRAM SERVICES APPLICATION *****

Please submit ALL of the following documentation with this application (check items below to ensure submission):

- Most recent tax return (W2 is not accepted)
- 2 recent pay stubs for all household earners
- Signed letter from employer stating income verification, if any of the above is not possible
- Proof of all government assistance for household members (SSI, Disability, Child Support, etc.)
- Letter explaining any special circumstances for the household

All household income sources and assistance must be documented and included with this application, special circumstances must include a written and signed letter.

APPLICANT INFORMATION

First & Last Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Email (required): _____ I do not have an email

Best Phone Number: _____ Cell Home Work

Are you applying for: Membership Assistance Program Assistance Both

FINANCIAL INFORMATION

Are you currently employed? Yes No

Are you a student? Yes No

Number of Adults in Household _____

Number of Children in Household _____

List ALL of the household dependents:

Have you previously been a member of the Y? Yes No

Name	Birth Date	Relationship

----- Office Use Only -----

Date Received: _____ Unit ID: _____ FA Award: _____ Initials: _____ Expiration Date: _____



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FINANCIAL INFORMATION (CONTINUED)

Type	Primary Source	Secondary Source
Employment Income	\$	\$
Unemployment	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Food Stamps (SNAP)	\$	\$
Housing Assistance	\$	\$
Work Compensation	\$	\$
Other	\$	\$
Total:	\$	\$

Expenses	Amount
Mortgage	\$
Food	\$
Auto Expenses	\$
Utilities/Amenities	\$
Childcare	\$
Medical	\$
Other	\$
Total:	\$

The YMCA believes that a sense of ownership and pride is developed if financial assistance recipients contribute to the cost of their involvement. Therefore, all financial assistance recipients are required to pay a portion of the membership dues and/or program fees.

Please tell us how much you can afford to pay per month: _____

PERSONAL IMPACT STATEMENT

Briefly tell us how financial assistance will impact you and your family: _____

I authorize the YMCA of Austin to use my impact statement in Annual Giving Campaigns materials.

ACKNOWLEDGEMENT AND SIGNATURE

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS A COMPLETE AND TRUE REPRESENTATION OF MY HOUSEHOLD INCOME AND RESIDENTS. I AGREE TO INFORM THE Y IMMEDIATELY OF ANY CHANGES IN MY INCOME OR FAMILY SIZE. I UNDERSTAND THAT FALSE INFORMATION OR FAILURE TO REPORT ANY CHANGES COULD JEOPARDIZE MY FINANCIAL ASSISTANCE. IF APPROVED, I AGREE TO ALL OF THE PAYMENT POLICIES OUTLINED BY THE YMCA OF AUSTIN.

Signature: _____

Date: _____

Financial Assistance is Temporary: The YMCA recognizes that from time to time, people may need some financial help. Financial assistance is intended to be temporary. You are required to re-apply when your assistance expires.