



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application

The YMCA, as a human service agency, offers assistance options to ensure that no one is turned away due to financial limitations.

Please bring this form filled out completely by the head of household with all necessary income verification to your local YMCA. If all proper information has been received with a signed and complete application the YMCA will process the request and notify the applicant of their award within ten business days.

Verification of income is required and must be submitted with this signed application. **The past year's tax return's and at least one of the following must be submitted:**

1. A months worth of pay stubs for all adults in the household
2. Copy of Benefits Determination Letter (FIP, AFDC, SSI)
3. Copy of child support or alimony payment documentation

Additional information may be required in order to determine the appropriate amount of financial assistance to be awarded (i.e. 3rd party references, medical bills etc.)

It is the policy of the YMCA of Greater Providence to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the YMCA, regardless of his/her ability to pay the standard fees.

We also believe that a strong sense of ownership and pride is developed if the recipient contributes to the cost of his/her YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fees involved.

Funding for Financial Assistance is made possible through the YMCA's Financial Assistance Campaign. Anyone interested in contributing to their YMCA should contact their branch Executive Director.

The mission of the YMCA of Greater Providence is to build healthy spirit, mind and body for all, through programs, services and relationships that are based on our core values of caring, honesty, respect and responsibility.

**YMCA of Greater Providence
Financial Assistance Application**

YMCA Membership Type and/or Program: _____

Head of Household: _____ DOB: _____ M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____

List the name and date of birth for all individuals living in the same residence

Name (First and Last)	Date of Birth

Monthly Income: total amount of monthly income before deductions (including wages, salary, public assistance, child support, alimony, social security, unemployment compensations, TDI, worker's compensation, pension, or retirement income) available to support household expenses from all sources and individuals living in the residence: \$ _____

Amount you feel you are able to pay per month \$ _____

Additional reasons which may help us to make a decision about the amount of assistance we can grant for you:

I hereby certify that I have completed all the information requested within this application form, and that all information supplied is true and accurate to the best of my knowledge, and that there is no misrepresentation by omission. I further understand that this application does not constitute acceptance by the YMCA, and that I will be notified as to whether my application for financial assistance has been approved.

Applicant Signature Date

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Percentage awarded: _____	Contact date: _____
Amt of Financial Assistance for membership: _____	
Balance to be paid monthly by member: _____	
Amt of Financial Assistance for program: _____	
Balance to be paid for program: _____	