



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Providence Financial Assistance Application

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 Y, 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.

PARTICIPANT / HOUSEHOLD INFORMATION:

Name/Head of Household _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell _____

MEMBERSHIP and/or PROGRAM TYPE (circle applicable membership and/or program)

PROGRAMS	OST or DAYCARE	CAMP	YOUTH or TEEN	YOUNG ADULT
ADULT	SENIOR	SENIOR COUPLE or ADULT COUPLE	ONE PARENT FAMILY	FAMILY/HOUSEHOLD

Household Members at this Residence (Including Self)

Name with middle initial (Last, if different)	Relationship (Spouse, Child, etc.)	Date of Birth MM/DD/YY	Check if claimed on Form 1040 as a dependent

Applicants may be asked to provide proof of residence for all household members listed above.



Income Information

Please provide income verification for all adult members of household. If married and filing separately, you must also provide spouse's information.

ANNUAL GROSS INCOME: \$ _____ (must match verification documents)

REQUIRED VERIFICATION DOCUMENT (please circle the one you are providing)

1040 TAX FORM – LINE 22
1040A TAX FORM – LINE 15

1040 EZ TAX FORM – LINE 4
SCHEDULE C – LINE 7 (if self-employed)

**THE FOLLOWING FORMS OF VERIFICATION WILL BE ACCEPTED WHEN 1040 FORM IS NOT AVAILABLE.
(please circle and provide documentation for all benefits received)**

W-2
DISABILITY LETTER
CHILD SUPPORT
RHODE ISLAND WORKS (RIW)

4 CONSECUTIVE PAYSTUBS
UNEMPLOYMENT LETTER
WORKER'S COMPENSATION
STATE AND/OR FEDERAL
BENEFITS

SOCIAL SECURITY SSI
RETIREMENT LETTER
SNAP
OTHER

Amount you feel you are able to pay per month/session \$ _____ (may not be the amount awarded)

In order to assist as many families as possible we generally offer a maximum of 50% the published rate. Please share any other circumstances that may help us understand your situation.

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I may be expected to provide proof of income every 12 MONTHS, or at the start of a new program session. If I do not verify information every 12 months, or at the start of a new program session, as requested, my rate will be subject to increase to the published rate that does not require income verification. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

HOUSEHOLD INCOME MAY BE REVIEWED ON FOLLOWING DATE: _____
(1 year from start date)

Applicant Signature _____ Date _____

Y Authorized Team Member Name _____ Y Authorized Team Member Signature _____ Date _____

For Office Use Only:
Percent YFA Awarded: _____ Staff Initials: _____
Date: _____