



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## PEOPLE HELPING PEOPLE FINANCIAL ASSISTANCE

### THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Aberdeen Family YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

### EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. The funds available for this assistance program are made possible through the generosity of our donors who give to our annual Strong Kids campaign and the Brown County United Way.

### COMMITTED TO OUR COMMUNITY

Determining assistance amount is handled the YMCA in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.

**To apply for Financial Assistance, ONE of the following documents is REQUIRED for your application to be processed:**

\_\_\_\_ A Copy of your LAST Income Tax Form that you submitted to the IRS

**OR**

\_\_\_\_ Copies of the last two pay stubs from all adults living in household.

**OR**

\_\_\_\_ Copy of Social Security or Disability Checks

**\*\*Proof of Need must be shown through one of these documents receive award assistance**

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

Y Team Member Initials: \_\_\_\_\_

# Aberdeen Family YMCA

## Request for Financial Assistance

### Please Check The Type of Assistance You Are Requesting

Youth  Jr.Hi/H.S.  Young Adult (18-25)  Adult  
 Couple  Family  Single Parent Family  YDC Childcare Assistance

### Please Print

Applicant's (Adult) Name \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years of Employment there: \_\_\_\_\_

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours per Week \_\_\_\_\_ Self Employed

Spouse (must be married to qualify) \_\_\_\_\_ Home Phone ( \_\_\_\_ ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Years of Employment there: \_\_\_\_\_

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours per Week \_\_\_\_\_ Self Employed

Total number of persons you are able to claim on your income tax return: \_\_\_\_\_

### All Person(s) Seeking Financial Assistance

Only those who can file a joint tax return with the applicant, or any dependents that can be claimed on that tax return can be included. All others must submit a separate application.

	First	Last	Age	Sex	Date of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Have you previously received financial assistance at the YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_

What amount can you pay toward the membership or program fee? \$ \_\_\_\_\_

Are you available to volunteer in exchange for financial assistance? \_\_\_\_\_

**Total Gross Household Income** – You must attach documentation to support all income.

Applicants Employment:     \$ \_\_\_\_\_ Per Month  
 Spouses Employment:       \$ \_\_\_\_\_ Per Month  
 Unemployment                \$ \_\_\_\_\_ Per Month  
 Child Support:                \$ \_\_\_\_\_ Per Month  
 Disability / Work Comp.     \$ \_\_\_\_\_ Per Month  
 Social Security                \$ \_\_\_\_\_ Per Month  
 WIC                                \$ \_\_\_\_\_ Per Month  
 Food Stamps                    \$ \_\_\_\_\_ Per Month  
 Energy Assistance             \$ \_\_\_\_\_ Per Month  
 Housing Assistance            \$ \_\_\_\_\_ Per Month  
 Medical Assistance            \$ \_\_\_\_\_ Per Month  
 TANF                               \$ \_\_\_\_\_ Per Month  
 Other Income                    \$ \_\_\_\_\_ Per Month  
                                   **TOTAL INCOME**     \$ \_\_\_\_\_ Per Month

<b>Principle Monthly Expenses and Extraordinary Expenses:</b>		
Mortgage:	\$ _____	Per Month
Utilities:	\$ _____	Per Month
Car Payment:	\$ _____	Per Month
Cell Phone:	\$ _____	Per Month
Cable:	\$ _____	Per Month
Other:	\$ _____	Per Month
Other:	\$ _____	Per Month
Other:	\$ _____	Per Month

Please list any special circumstances that contribute to your request for financial assistance (i.e. medical bills, unemployment, etc).

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I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I agree, if necessary to send additional documentation to support the above statements. I understand that financial assistance is based on need. In the event that my financial situation changes and I am no longer in need of this assistance or at least to the degree in which it is provided, I will contact the YMCA so that the support can be provided to others. I understand that if I have falsified any of the above information, I will not be eligible for the assistance now or in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide us with a detailed narrative of information that would be helpful in assessing the level of need for the financial assistance you are requesting. How would this YMCA membership assistance benefit you?

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