

Financial Assistance Application



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Applicant,

The **Kosciusko Community YMCA** is pleased to provide assistance for those who are in need. Through the generous contributions of community members, your YMCA provides assistance when we can determine that a financial need exists. Financial need is based on the household income, family size and/or special circumstances. When need is demonstrated by request, a portion (up to 75 percent) of the membership and/or youth program cost is subsidized by the YMCA with the applicant paying the remainder of the cost. Assistance may be applied towards standard bank draft or annual memberships and youth programs. Some exclusions apply.

There are two ways to apply for assistance:

1. You may submit proof of assistance for the following programs: Energy Assistance Program, Hoosier Healthwise/Healthy Indiana Plan, Childcare Voucher, SNAP, TANF and Headstart. Please submit **all** that apply to you. Participation in one or more of these programs will result in an automatic qualification for either a 25% or 50% discount. No other documentation is required (you may skip the Income and Expense section on the application, but everything else on the application must be completed). Applications with automatic qualifiers will be processed within 3-5 business days.
2. If you believe you may qualify for a higher level of assistance, or you do not receive any of the automatic qualifiers listed above, you may submit all required information (see application) for a full financial review. Applications for a full review will take approximately three weeks to process. Please complete the enclosed application in its entirety and provide the requested forms of income verification. If there is more than one income in your household, documentation should be included for each income. Your application will *not* be processed until all applicable documentation is received by the YMCA.

Upon approval, you will receive a letter outlining the terms of your assistance. Your application must be renewed every two years.

**All those reapplying to continue assistance must include the completed "Tell Us Your Story" form that is mailed with your renewal application. Failure to complete this will disqualify your application.*

It is our pleasure to serve you. If you have specific questions, you can reach me at 269-9622 ext 213 or lhaywood@kcymca.org.

Sincerely,

Lori Haywood
Financial Assistance Coordinator

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Date Received _____ (office use only)

Financial Assistance Application

Name _____ Date _____

Address _____ City/State/Zip _____

Email Address _____ Home Phone _____

All Household Income (monthly gross)

Household Expense (monthly)

***This section for Full Review applications only. The Income and Expense columns can be skipped if applying for assistance using ONLY an automatic qualifier, however, the rest of the application must be completed to be processed.**

Wage & tips (you)	\$ _____	Rent/mortgage	\$ _____
Wage & tips (spouse)	\$ _____	Utilities	\$ _____
Wage & tips (other adult in home)	\$ _____	Car payment	\$ _____
Unemployment	\$ _____	Food	\$ _____
Social Security	\$ _____	Clothing	\$ _____
TANF	\$ _____	Phone	\$ _____
Food Stamps	\$ _____	Car insurance	\$ _____
401K/retirement distribution	\$ _____	Alimony	\$ _____
Alimony	\$ _____	Child support	\$ _____
Child support	\$ _____	Medical	\$ _____
Other	\$ _____	Other	\$ _____

How will you fit your portion of the YMCA membership into your budget? _____

Number of people living in the household: Adults _____ Kids _____

Type of Membership Requested: Family__Youth__ Senior 60+__Young Adult__
Adult __ Couple__ One-Parent Family__ Sen. Couple__

See criteria in catalog for any questions on requirements for membership types

Do you currently have a YMCA membership? Yes _____ No _____

Please indicate how you will use your financial assistance:

- _____ Kosciusko Community YMCA membership and youth programs
- _____ Kids' Club or Camp Little Eagle childcare, youth programs only

Continue on next page

Office Use Only

Type _____ Subsidized Percent: 75 65 50 35 25

Joiner's Fee _____ Bankdraft _____ Annual _____

Coordinator _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

What benefits do you see in having this assistance to join the YMCA?

Verification:

For Automatic Qualifiers: 25% or 50% discount only

Please show proof of all that apply to you:

1. Energy Assistance Program
2. Hoosier Healthwise/Healthy Indiana Plan
3. Childcare voucher
4. SNAP (food stamps)
5. TANF (cash assistance)
6. Headstart

For Full Financial Review:

Please provide the following forms of income verification for all household income. Incomplete applications will not be processed.

1. Federal income tax return (I will **NOT** accept W2's) from the previous year (**MUST** be provided, no exceptions)
2. Check stubs for the last 4 weeks (**or** proof of all household income)
3. Proof of all assistance (SNAP, TANF, etc. from above list)
4. Current full bank statements for **all** bank accounts (with 30 days of activity)
5. Verification of Child Support amount received or paid out (if applicable)

****Your application for full review *cannot* be processed until you have provided all verification. If you do not have one of the documents for items 2 through 5, you must give a written explanation detailing the reason. Upon completion it will be reviewed and an assistance determination will be made in a timely manner.**

References:

Please provide two references, other than family members, who can verify your status.

Reference #1 _____ Phone _____
Address _____ City _____ Zip _____
Occupation _____ Number of years acquainted _____

Reference #2 _____ Phone _____
Address _____ City _____ Zip _____
Occupation _____ Number of years acquainted _____

Additional unexpected circumstances may contribute toward your request for assistance (unexpected medical bills, sudden unemployment). **These will only be considered if you provide documentation.** Basic cost-of-living expenses such as housing, utilities, cable, or car payment *do not* qualify as unexpected circumstances.

- 1) _____ 2) _____
3) _____ 4) _____

All information is kept in the strictest confidence and will only be viewed by necessary YMCA staff. Falsified or incomplete applications will not be processed.

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.