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. If approved, a portion 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 monthly or annual memberships (including the joiner's fee) and some youth programs (maximum 50% on 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 take approximately 7 business days to process (not including postal time).
2. If you believe you may qualify for a higher level of assistance on membership (up to 75%), 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 may take approximately three weeks to process (not including postal time). 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.

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.

Membership Descriptions

Family Household
Husband and wife or two adults and dependent children under 19 or full-time college students through age 25 living in the same household.
$50 Joiner's Fee

One Parent Family Household
One adult and dependent children under 19 or fulltime college students through age 25 living in the same household. **$50 Joiner's Fee**

Senior Family Household
Husband and wife or two adults living in the same household; both must be 60 or older; membership may include dependent children under 19 or full-time college students through age 25 living in the same household**. $50 Joiner's Fee**

Two Adult Household
Husband and wife or two adults living in the same household. **$50 Joiner's Fee**

Adult
Individuals ages 26-59. **$50 Joiner's Fee**

Senior
Individuals age 60 or older. **$50 Joiner's Fee**

Young Adult
Individuals ages 19-25. **$50 Joiner's Fee**

Youth
Children age 18 and under. **$25 Joiner's Fee**

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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__
*(select only **one** membership type)* Adult __ Couple__ One-Parent Family __ Sen. Couple__
See membership list on previous page for membership type requirements

Do you currently have an active YMCA membership? Yes_____ No_____

Please indicate how you will use your financial assistance:
_____ Membership and youth programs (max 50% on programs)
_____ Youth programs only (max 50%)

Continue on next page

Office Use Only

Type_____ Subsidized Percent: 75 50 25

Joiner's Fee_____ Bankdraft _____ Annual _____

Coordinator_____

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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:

25%

1. Energy Assistance Program
2. Hoosier Healthwise/Healthy Indiana Plan
3. Childcare voucher

50%

4. SNAP (food stamps)
5. TANF (cash assistance)
6. Head Start

*Discount levels will not be combined. You will receive the single highest level you qualify for.

For Full Financial Review: up to 75% available on membership/ joiner's fees only

Please provide the following forms of income verification for **all** household income.

1. Proof of **all** household income (for 30 days) – check stubs, Social Security, SSI, unemployment, child support, etc.
2. Proof of all assistance (SNAP, H.I.P., etc. from above list)
3. Current full bank statements for **all** bank accounts (with 30 days of activity)
4. 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. Incomplete applications will not be processed. Upon completion it will be reviewed and an assistance determination will be made in a timely manner. If it is determined that you do not qualify for 75% but have provided automatic qualifiers as well, you will still receive the discount associated with that automatic qualifier.

Certain additional unexpected circumstances may contribute toward your request for assistance. Unexpected out-of-pocket medical bills (excluding insurance premiums), sudden unemployment or loss of income, unexpected funeral expenses, may all be considered. **These will only be considered if you provide documentation of expense.** No other expenses will be considered in determining assistance.

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.