



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

## Financial Assistance Application

### 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 YMCA of Austin ensures that every individual has access to the essentials needed to grow, learn 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. Through our Financial Assistance Program, the YMCA of Austin provides assistance to youth, adults and families based on individual needs and circumstances.

### COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by the Member Services Director in a confidential, fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people.



#### **How is the financial assistance amount determined?**

Financial assistance is based on gross monthly income, family size and personal circumstances when you apply. Gross monthly income includes wages/salary of all individuals contributing to the household income, as well as unemployment, child support, parental support, disability income, social security income, government assistance and retirement income. Assistance will be granted to the extent funds are available.

#### **What is the duration of assistance and how do I renew?**

Financial assistance is given in 3 month increments. At the end of the 3 months, simply reapply for continued assistance by submitting any changes in income and updated documentation to the Member Services Director. *Use of facilities may be a determining* factor in decisions concerning renewals. If you do not submit the appropriate paperwork for renewal your membership will expire. Membership fees and assistance are subject to change when you reapply.

#### **Does financial assistance cover the entire cost of membership and program fees?**

Financial assistance reduces membership fees, it does not eliminate them. Financial assistance can be used towards membership fees, program fees for youth sports and activities, child care, preschool and other Y programs.

#### **What if I haven't filed Federal Income Taxes?**

If you haven't filed a Federal Income Tax you need to contact the Internal Revenue Service at 1.800.829.8374 to request a letter of verification of non-filing status and submit with this form.

#### **When should I expect my application to be processed?**

Completed applications containing all necessary paperwork will be reviewed within three weeks. Your request for assistance may be denied or put on hold without all the required paperwork.

#### **I have additional questions and special circumstances. Who should I contact to find answers?**

If you have additional questions or want to discuss special circumstances, please contact Sandy Halbach, our Member Services Director at 507.433.1804. She will be happy to answer any of your questions in a confidential manner.

# FINANCIAL ASSISTANCE APPLICATION

## 1 APPLICANT INFORMATION

Name:		
Birth Date:	Gender: M or F	
Mailing Address:		
City:	State:	Zip:
Home Phone:		
Cell Phone:		
Email Address:		
Employer (if applicable):		

## 2 ALL PERSONS LIVING IN HOUSEHOLD

NAME	GENDER	DATE OF BIRTH
Parent/Guardian:	M or F	
Parent/Guardian:	M or F	
Child:	M or F	
Child:	M or F	
Child:	M or F	
Child:	M or F	
Child:	M or F	
Child:	M or F	
Other dependent(s):	M or F	

## 3 I AM APPLYING FOR

### MEMBERSHIP

<input type="checkbox"/>	Adult Membership
<input type="checkbox"/>	Family Membership
<input type="checkbox"/>	Senior Membership
<input type="checkbox"/>	Senior Couple Membership
<input type="checkbox"/>	Young Adult/Student Membership
<input type="checkbox"/>	Youth Wellness Center Membership

### PROGRAMMING

<input type="checkbox"/>	Aquatics/Swimming Lessons
<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Gymnastics
<input type="checkbox"/>	Preschool
<input type="checkbox"/>	Youth Sports & Activities
<input type="checkbox"/>	Other

### HAVE YOU PREVIOUSLY APPLIED FOR ASSISTANCE AT THE YMCA OF AUSTIN?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

## 4 TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS

INCOME TYPE (if applicable)	MONTHLY DOLLAR AMOUNT	DOCUMENTATION NEEDED (if applicable)
1040 Federal Tax Form	\$	Yes
Child Support	\$	Yes
Alimony	\$	Yes
Government Assistance	\$	Yes
Social Security	\$	Yes
Disability	\$	Yes
Unemployment	\$	Yes
Retirement	\$	Yes
Parental Support (if under 18)	\$	Yes
Proof of Non-Filing	N/A	Yes
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

\$ _____	x 12 =	
Total Monthly Income	Months	
\$ _____		
Total Annual Household Income		

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 information and document to support the above statements. I understand that assistance is based on need and in the event that I or my children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify information, I will not be eligible for assistance now and/or in the future.

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

Attach all applicable financial documents and turn in to the Y Front Desk.

**5 TELL US MORE...**Our financial assistance program is made possible by countless volunteers who reach out to the community and raise money of which comes from our members, community members, businesses and charitable partners. Please explain why you would like to be considered for financial assistance at the Y and what it would mean to you and/or your family. Also include any additional information or extenuating circumstances that are not included in this application. If you need more space, feel free to attach an additional sheet of paper.

## 6 APPLICATION CERTIFICATION

I certify that all of the above information is true and complete to the best of my knowledge. In addition, I understand that my/our membership privileges are subject to the same policies of a full paying membership. I understand that if I do not provide the required documentation for financial assistance or renewal of assistance, my membership will be cancelled.

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

## FOR OFFICE USE

**APPROVED** Yes or No

Y.....% Applicant.....%

Join Today for \$..... (for 3 months)

Staff Name..... Date.....

Award letter is valid for 30 days.