



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COVID - 19

Emergency Financial Assistance Application

Through our Financial Assistance Program, the YMCA at ACRC will provide financial assistance to those who qualify.

COMMITTED TO OUR COMMUNITY

- Determining assistance amounts is handled by our Executive Director, Diane Baker.
- The amount we are able to offer will be based on need and the amount of funds available.
- This funding is ONLY available during this special circumstance of care related to COVID-19.
- Please know that we will work with families during this time of need.

FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION	
Name:	
Birth Date:	Gender: M or F
Mailing Address:	County:
City:	State: Zip:
Best Phone Number to contact you:	
Best Time to contact you:	
Employer:	
If unemployed, please provide date of unemployment:	

ALL PERSONS LIVING IN HOUSEHOLD	
NAME	
Adult/Parent:	
Adult/Parent:	
Other Adult living in household	
Child:	D.O.B.
Child:	D.O.B.
Child:	D.O.B.
Child:	D.O.B.
Child:	D.O.B.

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TO QUALIFY FOR ASSISTANCE, PROVIDE THE FOLLOWING DOCUMENTS:

Completed applications with ALL necessary PROOF OF INCOME will be reviewed.

I am attaching proof of all my household income. It may include:

- 1040 Federal Tax Form
- Child Support
- Assistance from the County
- Social Security and/or Pension or Disability
- Other 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 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 Front Desk at the YMCA at ACRC.

APPLICATION CERTIFICATION

I certify that all of the above information is true and complete to the best of my knowledge.

Signature _____ Date _____

FOR OFFICE USE

APPROVED Yes or No

Staff Initials: _____ **Date:** _____