



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

## **Bedford Area Family YMCA**

### **Child Care Financial Assistance Application**

### **Financial Assistance for Child Care Program Participants**

The Bedford Area Family YMCA is a nonprofit organization committed to providing programs that enhance the lives of people in the community. Through offering Financial Assistance, we are able to reach out to those in need of financial support so that they may benefit from all the Y has to offer.

#### **Our Promise:**

Our promise to our community is that everyone has access to the incredible programs and services that the Y has to offer regardless of their ability to pay. This special promise is made possible by the generous contributions of our board, staff, members, and friends who believe that this access is paramount for many in order to achieve healthy living and positive growth and in this belief are compelled to contribute to the Strong Community Campaign.

### **Frequently Asked Questions About Financial Assistance**

#### **Who is eligible to receive financial assistance?**

Applicants must work or reside in Bedford County. Qualification depends on a number of things, including your employment, your total income, and your number of dependents, ect. Applicants must provide documentation of need. Applications turned in without the required documentation will be discarded.

#### **How are financial assistance awards determined?**

The Y uses a sliding fee scale based on **total household income**, number of dependents, and extenuating issues, which assists in determining the support amount.

#### **How long will the financial assistance continue?**

Child care applies only to the current school year. It is the applicant's responsibility to re-apply each summer and fall season.

#### **What is the responsibility of the scholarship recipient?**

The Y expects that the recipient will make timely scheduled payments. It is our hope that participants will also volunteer whenever possible. Since our funds are limited and there are others in the community in need of financial assistance, we expect to be notified if you no longer need our support or are unable to use the services we provide.

#### **How are scholarships funded?**

The Y raises money through the ongoing work of volunteers and staff. Funds are available as a result of gifts received from individuals, corporations, foundations, and through the United Way.

### **Documentation Required for Application**

We required verification of your income, identity, residency, and dependents before we can offer you financial assistance. All information will remain confidential.

**Income: (Place A Check Mark Beside and Provide A Copy Of All That Apply)**

**Hand written forms without appropriate documentation will be discarded.**

- Current or previous year's 1040 Federal income tax form with **ALL** schedules and attachments
- One month of pay stubs (if paid weekly please provide the four (4) most recent (consecutive) paycheck stubs; two (2) stubs if paid biweekly; one (1) stub if paid monthly)
- Current Support/Provider Assistance Statement attached, if unemployed
- Most recent bank statements (current checking, savings, interest income, trusts or dividends)
- Current retirement income check stub(s)
- Current Social Security award letter OR Disability Benefit Award Letter for both spouses and any children
- Current Veterans Administration award letter(s)
- Current child support statement (stub(s) or divorce decree)
- Current documentation from the Virginia Employment Commission showing your weekly benefits or denial of benefits
- Current proof of TANF (Temporary Assistance for Needy Families)
- Current SNAP award letter

**Identity: (Copy of One Or More) – must have applicant's picture**

- Virginia driver's license
- Passport
- Student I.D. card

**Residency: (Copy of One Or More) – must have current address**

- Current utility bill or utility receipt (no more than 30 days old) - gas, water, electric, cable, or landline telephone or cellular telephone
- Social Security award letter or current check stub
- Current Medicaid eligibility letter
- Current bank statement
- Current billing statement or business mail from county or city tax notices
- Current rent receipt or lease agreement, which indicates address
- Voter's registration card
- Vehicle registration
- Mortgage documents
- Loan documents (car, boat, etc)

**Dependents: (Including Spouse as A Dependent) –**

**If Not Shown On Tax Return, Provide Copy of One of The Following:**

- Current Medicaid eligibility letter
- Social Security card(s)
- Custody records or legal guardianship document
- Any reasonable document which shows the parent (guardian)-child relationship

**Monthly Income/Expense Worksheet – Applications will be processed only after all information is submitted and the application is filled out completely. Applicants must provide documentation to verify any amounts filled in.**

**Income: Monthly Amounts Only**

\$ \_\_\_\_\_ **Gross Monthly Income**

\$ \_\_\_\_\_ **Child Support**

\$ \_\_\_\_\_ **Social Security / Disability**

\$ \_\_\_\_\_ **TANF**

\$ \_\_\_\_\_ **SNAP Benefits**

\$ \_\_\_\_\_ **Unemployment**

\$ \_\_\_\_\_ **Total Income**

**Expenses: Monthly Amounts Only**

\$ \_\_\_\_\_ **Rent / Mortgage (circle one)**

\$ \_\_\_\_\_ **Auto Loan**

\$ \_\_\_\_\_ **Utilities**

\$ \_\_\_\_\_ **Medical**

\$ \_\_\_\_\_ **Child Care**

\$ \_\_\_\_\_ **Other**

\$ \_\_\_\_\_ **Total Expenses**

**Are there any extraordinary circumstances that should be taken into consideration when reviewing this application?**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For office use only:**

Date Received \_\_\_\_\_ Date of Award \_\_\_\_\_ Percent Awarded \_\_\_\_\_ Annual Income \_\_\_\_\_

**Adult Applicant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Child's Name \_\_\_\_\_

I am applying for financial assistance for the following: \_\_\_\_\_  
\_\_\_\_\_

**List Household Members:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Dependent Y / N

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Dependent Y / N

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Dependent Y / N

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Dependent Y / N

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Dependent Y / N