



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Bedford Area Family YMCA Financial Assistance Application

It is the policy of the Bedford Area Family YMCA to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the Y, regardless of his/her ability to pay the standard fees.

We also believe that a strong sense of ownership and pride is developed if the recipient contributes to the cost of his/her YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fees involved. In addition to this, each member will be **required** to utilize the membership benefits for a **minimum of 8 times per month** in order to continue receiving subsidy. This includes ALL individuals listed on the membership. If you do not utilize the membership **8 times per month** consistently the membership will be cancelled and you will have to reapply for membership and financial assistance. There may be a period of suspension from financial services if you have lost your membership due to non-utilization.

Name/Head of Household _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Cell _____

Membership and/or Program Type (circle applicable membership and/or program)

Youth	Young Adult	Adult	Household
	Couple	Sports	

Household Members at this Residence (Including Self)

Name with middle initial (Last, if different)	Relationship (Spouse, Child, etc.)	Date of Birth MM/DD/YY	Check if claimed on Form 1040 as a dependent

Applicants need to provide proof of residence for all household members listed above.



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Please provide income verification for **ALL** members of household. If married and filing separately, you **MUST** also provide spouse's information. **ALL** members of the household, including dependents, who receive income must provide documentation, even if they are not on the membership.

PLEASE INFORM THE STAFF IF YOUR DOCUMENTATION IS ORIGINAL, WE WILL PHOTOCOPY AND RETURN THE ORIGINALS. WE DO NOT KEEP ORIGINALS AS WE SHRED FINANCIAL INFORMATION WHEN DONE PROCESSING. WE WILL NOT BE RESPONSIBLE FOR YOUR ORIGINAL DOCUMENTATION IF LEFT.

ANNUAL GROSS INCOME: \$ _____ (MUST match verification documents)

Required Verification Document (please circle the ones you are providing)	
1040 Tax Form – Line 22	1040 Ez Tax Form – Line 4
1040a Tax Form – Line 15	Schedule C – Line 7 (If Self-Employed)

The Following Forms Of Verification aRE Accepted. (Please Circle And Provide Documentation For All Benefits Received) If you received any of these you **MUST** provide documentation.

W-2	4 Consecutive Paystubs	Social Security SSI
Disability Letter	Unemployment Letter	Retirement Letter
Child Support	Worker's Compensation	Assistance From Any
Snap	State and/or Federal Benefits	Other Source

In order to assist as many households as possible we generally offer a maximum of 50% the published rate. Please share any other circumstances that may help us understand your situation.

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I will be expected to provide proof of income every 6 months, or at the start of a new program session. If I do not verify information every 6 months, or at the start of a new program session, as requested, my rate will be subject to increase to the published rate that does not require income verification. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

Household Income Will Be Reviewed On Following Date: _____
(6 months from start date)

Applicant Signature _____ Date _____

Y Authorized Team Member Name _____ Y Authorized Team Member Signature _____ Date _____

<i>For Office Use Only:</i>		
Percent YFA Awarded: _____	Date: _____	Staff Initials: _____