



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

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 person over the age of 18, 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)

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 _____

Employee Name _____ Date _____

For Office Use Only:
Percent YFA Awarded: _____ Date: _____ Staff Initials: _____