



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 their 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 their 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. Applicants who are utilizing the YMCA for childcare will be required to apply for DSS subsidy, show proof of employment and/or school placement in addition to income documentation.

There may be a period of suspension from financial services if you have lost your membership/program assistance due to non-utilization, past due balances, or inconsistent attendance.

**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   | Oncology    | Sports | Childcare |

| 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. If applying for childcare all adults must provide proof of employment and/or school placement.**



Incomplete forms will NOT be evaluated. Please fill in all information and provide all documentation. The evaluation process can take up to 2 weeks. Those applying for childcare should provide enough time for this process or pay the full price until approved, there is no retroactive assistance awarded.

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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 utilizing the membership/programs.

**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 \_\_\_\_\_

Member Service Representative \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only:*  
Percent YFA Awarded: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_