YMCA of THE CAPITAL AREA
CONFIDENTIAL
FINANCIAL ASSISTANCE APPLICATION

The YMCA of the Capital Area offers financial assistance for membership and programs to qualified members. We are community based and believe that our programs should be available to everyone and that no one should be turned away because of their inability to pay. Our Financial Assistance Program is made possible because caring people and businesses in our communities fund the program through our Annual Campaign. Financial Assistance is available on a sliding scale that is based on family size and household income.

It´s easy to apply:

1. Please circle the membership and/or all programs for which you would like financial assistance.
2. Complete both sides of the application, including name and contact details, household members, and itemized income information. Please include any registration materials for the program(s) for which you are requesting financial assistance.
3. A copy of your most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included to process the application. Your SSI Allocation statement and any unemployment documents (if applicable) must also be included. Include any other documentation that supports your current income. (This information will be held confidential).
    a. Students enrolled in college must provide a copy of their most recent FAFS application and college admissions verification.
4. If you need assistance completing the application, please work with our Member Service Team.

Membership: Youth Young Adult Adult Single Parent Household Household Couple Senior Senior Couple

Program: (Circle all that apply) After School Care Camp Swim Lessons Youth/Teen Sports
Other:_____

Have you previously applied for financial assistance at the YMCA? Yes No If yes, which YMCA? _____

Today's Date_____ Email: _____

Your Name _____Date of Birth_____

Address_____

City_____State_____Zip Code_____

Home Phone_____Work Phone_____Cell Phone_____

Place of Current Employment_____Length of Employment _____

Household Members (List all)

First Name	Last Name	Sex	Date of Birth	Relationship to you

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Household Income	Monthly
Wages, Salaries & Tips (all sources in household)	$
Unemployment Compensation	$
Social Security Compensation	$
Disability Compensation	$
Child Support	$
Alimony	$
Aid to Dependent Children	$
SNAP	$
Housing Assistance	$
Utility Assistance	$
401K/Retirement	$
	$

Letter of Need: Please use this space to briefly explain why you are interested in the Y and why you have a need for assistance.

_____
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_____
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If necessary, include documentation of any special expenses, extenuating circumstances, or crisis expense situations of which we should be aware.

REMEMBER: A copy of the most recent Internal Revenue Service tax statement (tax return) and the last three pay stubs of all working adults must be included for this application to be processed. Your SSI Allocation statement and any unemployment documents (if applicable) must also be included. You may choose to include your W-2's, and/or any other documentation that supports your current income. (This information will be held confidential).

I certify that the above information is true and complete to the best of my knowledge. If requested, I will provide further substantiation of all facts included above. I understand that applications take at least two weeks to process, after which a YMCA representative will contact me. I acknowledge that an incomplete application will not be processed.

Applicant's Name (print)_____

Applicant's Signature_____

Office Use Only
Date Received:_____
Program:_____Date(s) of Program:_____
Financial Assistance Awarded (%):_____

Branch Signature:_____Date Approved:_____

Last update: 2/12/20