



YMCA OF COLUMBIA-WILLAMETTE

Financial Assistance Application

The YMCA is a nonprofit organization that works to strengthen the foundations of community through programs that support youth development, healthy living, and social responsibility. Thanks to the generous support of those who donate to the Y's Community Support Campaign and our fundraising events. We believe that a strong sense of ownership and pride is developed when the recipient has contributed to the cost of their YMCA involvement; therefore, you will be asked to pay some portion of the fees.

How is the amount of financial assistance determined?

We use a sliding scale based on total household income and the number of household members. We require supporting documentation to verify household size and income, and we consider special circumstances when providing assistance.

2018 Poverty Guidelines for Contiguous States and the District of Columbia

For families/households with more than 8 persons, add \$4,320 for each additional person

Number in Household	Poverty Guideline
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

What does the YMCA consider "Income"?

We ask that applicants list all types of income, including: Wages, Tips, Retirement, Social Security (SS), Supplemental Security Income (SSI), Disability, Unemployment, Temporary Assistance for Need Families (TANF), Child Support, Alimony, Housing Assistance, Food Stamps, etc. Please remember to count the income of anyone living in your household and contributing to household expenses such as rent, utilities, or groceries.

You can qualify in one of two ways:

1. If currently participate in either **TANF or Free Lunch** assistance programs you can automatically qualify for financial assistance. Please submit a copy of the current reward letter.
2. If you do not participate in one of the above government assistance programs, you can qualify based on your total household income. Please submit proof of income.

How long does my assistance last?

Financial assistance is granted for up to one calendar year from award date.

How do I apply?

Individuals need to provide all requested information on the Financial Assistance Application including a verifiable address, income, household size and expenses so financial assistance can be provided in a fair and consistent manner. All information will be kept confidential.



YMCA OF THE COLUMBIA-WILLAMETTE Financial Assistance Application

Please complete the entire form, sign, date and submit to your local Y. **All information is confidential.** Completion of this application does not guarantee approval. Your complete application will be processed within 5 to 10 business days from date received.

Membership: Yes or No

Program (Please Specify):

PRIMARY ADULT – PLEASE PRINT LEGIBLY

.....
First Name Last Name Date of Birth

.....
Address City State Zip

.....
Email Phone

Do you receive income? Yes or No

SECONDARY ADULT

.....
First Name Last Name Date of Birth

Do you receive income? Yes or No

FAMILY MEMBERS

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First & Last Name Date of Birth Relationship

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First & Last Name Date of Birth Relationship

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First & Last Name Date of Birth Relationship

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First & Last Name Date of Birth Relationship

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First & Last Name Date of Birth Relationship

IF YOU ARE APPLYING FOR ASSISTANCE FOR SOMEONE UNDER THE AGE OF 18, one adult must be included on this application and proof of dependency document is required. A birth certificate is not proof of dependency.

Documents that can be used are:

- Current tax return (1040, 1040A, or 1040EZ) listing dependents
- A copy of rental agreement that lists your child(ren)'s name
- An official letter with your child(ren)'s name and the address listed on your financial application

MONTHLY HOUSEHOLD INCOME – Combined income from all adults in household

\$	Employment		
\$	Unemployment	Total Income \$	Total number of people living on the stated income?
\$	Retirement Income		
\$	Child Support	Are you receiving financial assistance at any other YMCA?	Yes or No
\$	Alimony	If so, where?	
\$	SSI/SSD	Does your child receive Free or Reduced Lunch?	Yes or No
\$	Housing Assistance	If yes, please attach letter.	
\$	Food Stamps/SNAP	To process your application in the most efficient manner, please include ALL required documents. Incomplete applications will result in delayed processing.	
\$	Pension/Savings/Investments	Please attach appropriate qualifying documents:	
\$	TANF	1. Current tax return	
\$	Student Loans	2. Two most recent pay stubs from all working adults in household.	
\$	Other Income	3. Documentation of any other assistance or income received.	

PERSONAL STATEMENT – Are there any other factors we should take into consideration?

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FINANCIAL ASSISTANCE EXPIRATION

The YMCA reviews applications annually; failure to submit a new application will result in membership or program fees automatically moving to the full rate. If I have automatic monthly payments and my assistance expires, I understand that the full rate will automatically be withdrawn from my account. **I understand it is my responsibility to re-apply before the deadline given.**

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Initial Here

ACKNOWLEDGEMENT

I declare that the aforementioned statements, to the best of my knowledge and belief, are true and correct. I agree to inform the YMCA of any changes in my financial status.

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Signature

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Date

YMCA financial assistance is made available through donations, grants, and association earned income.

Initial & Date Received by Office:			Date Evaluated:		Evaluated By:			
Financial Assistance Awarded?	Yes / No	% Awarded	\$ To Pay	Confirmed By:	Email	Letter	Phone	Office
Special Notes or Arrangements								