



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## REQUEST FOR FINANCIAL ASSISTANCE YMCA of Greater Montgomery

The YMCA of Greater Montgomery has made a commitment to our community to provide access to our facilities and programs regardless of ability to pay. The Y is able to fulfill this commitment with the support of our annual support campaign.

**To process your financial assistance application, please provide all applicable documentation (for a family membership, each working adult needs to provide their proof of income):**

- Completed Financial Assistance Application
- Copy of most recent tax return
- Copy of two recent pay stubs for each working person within the household
- Copy of social security or disability checks (if receiving)
- Copy of recent welfare benefits, food stamps, and/or section 8 housing letter (if applicable)
- Copy of unemployment benefits statement (if applicable)
- If you have no income, a notarized letter from person(s) who provide your monthly living expenses

**\*\*If you do not provide the required documentation, your application process will be delayed until all documentation is received and application is filled out completely.\*\***

Please allow at least 30 days to process your application. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

If you have provided a valid email address, **you will receive notification via email once the application has been processed stating whether or not you have been approved.** If no email address is provided, you will be sent a letter via regular mail.

The YMCA of Greater Montgomery requires that individuals reapply after a year. **Your fees are subject to increase when you reapply.** If you do not reapply when requested, your enrollment may be terminated or increased to the regular membership rate.

**Note:** If you do not have a copy of your recent tax return, you may obtain one by calling the IRS. If you did not file taxes this year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

# FINANCIAL ASSISTANCE APPLICATION

Today's Date: \_\_\_\_\_

Gender (circle one): Male Female

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously applied for a YMCA Scholarship? ( ) Yes ( ) No If so, when? \_\_\_\_\_

Are you currently a YMCA member? ( ) Yes ( ) No If yes, at which branch? \_\_\_\_\_

Are you currently receiving financial assistance from any other YMCA branch within our Association? \_\_\_\_\_

If yes, which branch: \_\_\_\_\_

Marital Status (please check one): ( ) Single ( ) Married ( ) Separate/Divorced ( ) Widowed

Your Employer's Name: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Are you employed full time or part time? \_\_\_\_\_

If you are a STUDENT, are you currently enrolled in school? \_\_\_\_\_ Name of School: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer's Name: \_\_\_\_\_

Spouse's Employer's Address: \_\_\_\_\_

Please list the first name, last name, gender and date of birth of all dependents living in your household. You may be required to show proof of residency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

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Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Please check all programs below for which you would need assistance.

( ) Membership ( ) Aquatics ( ) Youth Sports ( ) Summer Day Camp ( ) Resident Camp

( ) After School\* ( ) Other (Please List): \_\_\_\_\_

\* If applying for After School, please list child's name, school, age and grade for each dependent.

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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Child's Name \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

## FAMILY MEMBERSHIPS

Family members must be immediate family that live in the same household and are claimed as dependents on your federal tax return. All discrepancies are subject to review.

For a Family membership, each working adult needs to provide their proof of income.

## INCOME/EXPENSE WORKSHEET

### Income (list all MONTHLY income)

Gross monthly income \$ \_\_\_\_\_

Spouse's gross monthly income \$ \_\_\_\_\_

Other monthly income for all adults over the age of 18 \$ \_\_\_\_\_

Child Support (if receiving) \$ \_\_\_\_\_

Social Security/Disability (if receiving) \$ \_\_\_\_\_

Welfare (if receiving) \$ \_\_\_\_\_

Aid to Dependent Children (if receiving) \$ \_\_\_\_\_

Food Stamps (if receiving) \$ \_\_\_\_\_

Unemployment (if receiving) \$ \_\_\_\_\_

Alimony (if receiving) \$ \_\_\_\_\_

Pension/Retirement (if receiving) \$ \_\_\_\_\_

Housing Assistance (if receiving) \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

### Expenses (list all MONTHLY expenses)

Rent/Mortgage \$ \_\_\_\_\_

Vehicle Payments \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Phone Service \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_

