



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ALWAYS WELCOME AT THE Y

Financial Assistance Application

PRIMARY ADULT (email is required for approval)

First & Last Name _____ Date of Birth _____ Phone _____

Address (include apt # if applicable) _____

City _____ State _____ Zip _____

Email _____ Gender Male Female

Race Asian/Pacific Islander Alaskan Native African American/Black Caucasian/White Hispanic Native American Other

SECOND ADULT (living in same household)

First & Last Name _____ Date of Birth _____ Phone _____

Relationship to applicant _____ Gender Male Female

Race Asian/Pacific Islander Alaskan Native African American/Black Caucasian/White Hispanic Native American Other

DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

List all other members of your household below. Only children who are born to you, legally adopted, guardian by you or claimable on taxes will be considered dependents. Children 19 years and older are considered dependents only if they are full time students AND were claimed on your federal income tax.

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

First & Last Name _____ DOB _____ Relationship _____ Gender Male Female

REQUIRED INFORMATION (must be attached with signed application for approval)

In order to provide assistance in a fair and consistent manner, the following is a list of documents that are acceptable income verification necessary to indicate your financial situation:

TAX INFORMATION FOR ALL ADULTS IN THE HOUSEHOLD (at least one in this category)

- Federal 1040 form - top two pages
 - If someone in the household is self-employed, then a schedule C form is also needed.
 - If you need a copy of your tax record, please call the IRS at 1-800-829-1040 or visit their website at www.irs.gov OR
- If you do not file taxes you must call 1-800-908-9946 to obtain a letter stating that you are not required to file taxes.

EMPLOYMENT – PAY STUBS (one from this category)

- Two current/consecutive pay stubs from each working adult in the household. Pay stubs must show gross pay.
- If pay stubs are unavailable, a letter from the employer on company letterhead stating the average number of hours per week and hourly wage is acceptable. Bank statements do not show gross pay and is not an acceptable form of documentation.

- CONTINUE TO BACK -

GOVERNMENT ASSISTANCE/SOCIAL SECURITY/DISABILITY (all that apply)

- A letter from the Social Security Administration stating the current amount received and/or 1040 Federal tax form showing the income (line 14).
- Documentation of any government benefits (SNAP, K-Tap, FASFA)
- Student current school schedule

RETIREMENT/PENSION/IRA OR TRUST FUND INCOME (If applicable)

- Letter from the company or fund stating the amount and frequency that is received, a monthly statement, or 1040 tax form lines 11 and 12 showing IRA/pension income

FINANCIAL INFORMATION

	Primary Adult	Second Adult
<input type="checkbox"/> Unemployment	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Child support/alimony	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Snap benefits (food stamps)	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Foster care/ward of the state income	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Student loan refund	\$ _____ semester amount	\$ _____ semester amount

Describe any unusual expenses you have incurred and/or provide additional reasons/circumstances for applying for financial assistance:

Please read and check off each statement and sign at the bottom that you understand:

- I understand that the YMCA of Central Kentucky is a non-profit organization and financial assistance is made possible through the generosity of donors.
- I understand that I must submit ALL requested documentation listed on this form in order for my application to be reviewed and processed.
- Any assistance allocated is good for one year. I understand that to maintain my assistance, I will need to provide updated documentation as requested by the Y.
- I agree to notify the Y if my financial situation changes for the better. This will allow my assistance to be re-evaluated, thus possibly providing more opportunities for others in need.
- I understand that assistance will be awarded subject to availability and eligibility.
- I understand that all YMCA members/program participants receive the same benefits, regardless of whether or not they are receiving assistance.

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications. I understand that I am applying for financial assistance and that it will expire one year from the date of acceptance. I further understand that to maintain my assistance, I will need to provide updated documentation when requested by the Y.

Signature Primary Adult

Date

BOC USE ONLY

Expiration Date _____

Date Received _____ Date Response _____

Tax Year _____ Tax income (line 22) \$ _____

Gross Annual Income \$ _____ Member Number _____

Processed by _____

Response sent by _____

Entered into system by _____ Date _____

Rate Approved (%) _____ Program Discount (%) _____ Childcare & Camp Discount (%) _____