



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CORONA-NORCO FAMILY YMCA GIVING BACK AND SUPPORTING OUR NEIGHBORS

Confidential Financial Assistance Application

The Y is committed to serving people of all ages, races, religions, and economic levels. Thank you for considering joining our family! We are a welcoming organization, and we believe that no one should be refused services because of their economic status. By completing the following information, you are helping us learn how to benefit the lives of our participants. Financial Assistance is made possible by generous contributions to the Corona-Norco Family YMCA by organizations and residents in the community. This information is kept confidential and will not be used for any other purpose.

(Please Print If Possible)

Adult Participant or Parent Full Name _____

Date of Birth ____/____/____

Primary Phone (____) _____

Email Address _____

Address _____

City _____ State ____ Zip _____

Place of Employment _____

Secondary Adult

Secondary Adult Full Name _____

Secondary's Date of Birth ____/____/____

Place of Employment _____

Email Address: _____



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Family Members Seeking Financial Assistance

	<u>Name</u>	<u>Age</u>	<u>Grade in Fall 2024</u>	<u>Program(s) of Interest</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Total number of members in family _____

Household Monthly Income

Please provide information for the following income sources to ensure the proper amount of aid is provided:

	Primary Member	Secondary Member
Employment		
Child Support		
Government Assistance		
Other		
Total		

Income Verification

Financial assistance is based on household income. Please provide at least one document from category 1, or two documents from category 2 to be considered for approval. If verification is not completed, your Financial Assistance award will not be granted. Note: The Y will not retain these documents, so you do not need to give us copies.

Category 1 (One required per adult)

OR

Category 2 (Two required per adult)

<input type="checkbox"/> Most current federal tax return	<input type="checkbox"/> Two most recent pay stubs
<input type="checkbox"/> Medicaid Medical	<input type="checkbox"/> Two most recent bank statements
<input type="checkbox"/> CalFresh/SNAP, WIC, CalWorks, or WTW	<input type="checkbox"/> Supplemental Security Income
<input type="checkbox"/> Federal Public House Assistance (Section 8)	<input type="checkbox"/> Unemployment Insurance
	<input type="checkbox"/> CA Low Income Housing Assistance Program

Financial Assistance Application must be renewed every 12 months.



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Your personal story

Please tell us any additional information we should take into consideration when evaluating your application:

I am providing income verification with my application for Financial Assistance. I certify that the above information is true and complete to the best of my knowledge. I agree to the approved percentage and rates awarded to me. I understand prices are subject to change.

Primary Applicant's Signature: _____ **Date:** _____

FINANCIAL ASSISTANCE APPROVAL (Staff Use Only)

Program type(s): _____ FA awarded: _____%

Approved By: _____ Date: ____ / ____ / ____

Meeting Notes: _____
