



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UPDATED: JULY 2021

WELCOME TO THE Y!

Financial Assistance Application

The Essence of the Y

With a commitment to youth development, healthy living, and social responsibility, the Greater Missoula Family YMCA ensures that every individual has access to the essentials needed to learn, grow, and thrive. Through our financial assistance program, we welcome all who wish to participate. We believe that no one should be turned away due to an inability to pay.

Committed to Our Community

Determining assistance amounts is a fair and consistent process. Every Y member receives the same membership benefits, regardless of whether or not they receive assistance. Y members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people.

Applying for Assistance

Our Y Financial Assistance reduces membership and program fees on a sliding scale; it does not eliminate them. All members and participants pay something. You will need to reapply once your assistance expires. **Membership Assistance** is good for up to 12 months and **Program Assistance** is good for up to 6 months. It is each member or participant's responsibility to reapply.

If you do not reapply, membership rates and program fees will revert to regular pricing.

Membership will remain active unless written cancellation is received before the 1st of the month.

Get started today! Contact the Welcome Center. All account correspondence and billing information will be sent through email. An email address is required for Y membership.

YMCA FINANCIAL ASSISTANCE

Please complete the application below and return with any necessary documentation. One of our staff will be in touch shortly on the status of your application.

1 Primary Adult Name: _____
 Date of Birth: ____/____/____
 Address: _____
 City: _____
 State: _____ ZIP: _____
 Cell Phone: _____
 Email Address: _____
 Adults: _____ Dependent Children: _____
 How much is your rent/mortgage?: \$ _____/mo

2 I am applying for...

Membership (check type below)

Household 2-Person Youth
 Family Adult Virtual Impact

I can afford to pay \$ _____/mo (for membership)

Program (sports, aquatics, camps)

Licensed Child Care* (includes licensed camps)
 *If enrolling in a licensed child care program, please apply for Best Beginnings prior to Y assistance.

3 **A** **Receiving Other Assistance**
 Please provide monthly dollar amount or write \$0 if none.

Monthly Household Income (Paycheck/Self-Employment)	\$ _____
Monthly SNAP	\$ _____
Monthly TANF	\$ _____
Monthly Unemployment	\$ _____
Monthly SSI/SSDI	\$ _____
Monthly Child Support	\$ _____
Monthly Retirement/Pension	\$ _____
Other Monthly Assistance	\$ _____

B **Currently Working or Self Employed**
 Please provide documentation.

Last year's tax return **or**

Proof of monthly income for entire household (before deduction or taxes)

C **Letter of Special/Unusual Circumstances**
 We understand that numbers don't show everything. If there are any special circumstances, please include a written explanation (letter) so consideration can be given.

Special Expenses _____ \$ _____

4 I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income or assistance not represented above. I agree, if necessary, to provide proof and/or additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my family must cancel our participation, I will contact the YMCA immediately. I understand that if I falsify any of the above information that I will not be eligible for assistance now and/or in the future.

Applicant Signature: _____ Date: ____/____/____

Office Use Only:

Date Received: ____/____/____	Pending Notification:	Membership FA: _____
Received By: _____	By: _____ Date: ____/____/____	Enrollment Fee: \$ _____ Amt/Mo: \$ _____
Daxko: _____	Approval Notification:	Ex. Date: ____/____/____
Notes: _____	By: _____ Date: ____/____/____	Program FA: _____ %
Reviewed By: _____	Documented Total: \$ _____	Ex. Date: ____/____/____
	_____ Over guidelines	