



# 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 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 prior to expiration.

**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 1<sup>st</sup> of the month.**

Get started today! Contact the Welcome Center. Account correspondence and billing information will be sent through email. An email address is required for Y membership. Have questions? Email [financialassistance@ymcamissoula.org](mailto:financialassistance@ymcamissoula.org).

# YMCA FINANCIAL ASSISTANCE

Complete the application below and return with all necessary documentation. Staff will be in touch within 3-5 business days on the status of your application. All fields are required. Email questions to [financialassistance@ymcamissoula.org](mailto:financialassistance@ymcamissoula.org).

Please print clearly.

The Missoula Y is a nonprofit organization. This information is confidential and strictly for reporting purposes for annual grant applications.

**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  
 Please check if someone in your household is:  
 65+     US Military or Veteran     FT College Student  
 How do you personally self-identify?  
 Asian or Pacific Islander     Black or African American  
 Hispanic or Latino     Native American or Alaskan Native  
 White or Caucasian     Multi-Racial (2+ races)  
 Other: \_\_\_\_\_     Decline to State

**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. Information on Best Beginnings can be found at <https://dphhs.mt.gov>.

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

Monthly Gross Household Income \$ \_\_\_\_\_  
 (Paycheck/Self-Employment)

Monthly SNAP \$ \_\_\_\_\_

Monthly TANF \$ \_\_\_\_\_

Monthly Unemployment \$ \_\_\_\_\_

Monthly SSI/SSDI \$ \_\_\_\_\_

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

Monthly Retirement/Pension \$ \_\_\_\_\_

Other Monthly Assistance \$ \_\_\_\_\_

**B** Required Income Verification Documentation  
 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 Via: _____	Membership FA: _____
Received By: _____	By: _____ Date: ____/____/____	Enroll. Fee: \$ _____ Amt/Mo: \$ _____
Daxko: _____	Approval Notification Via: _____	Ex. Date: ____/____/____
Updated Unit Info    Daxko Note	By: _____ Date: ____/____/____	Program FA: _____%
Notes:	Documented Total: \$ _____	Licensed Prog. FA: _____% BB: _____
Reviewed By: _____	Over guidelines	Ex. Date: ____/____/____