



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UPDATED: MARCH 2024

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 1st 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.

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.

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: ____/____/____