



New Applicant Renewal

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**ALWAYS HERE
FOR OUR
COMMUNITY**



FINANCIAL ASSISTANCE APPLICATION FOR MEMBERSHIP

WHAT YOU NEED

Help us process your application sooner by:

- Completing the application** in its entirety, including your written story
- Income Verification:** Copy of your most recent (previous year) income tax statement **AND** 6 weeks of your most current monthly income.

youngstownymca.org

Updated 9/29/17

FINANCIAL ASSISTANCE FOR MEMBERSHIP AT THE YMCA OF YOUNGSTOWN

Every day, the YMCA of Youngstown works side by side with our neighbors to ensure that everyone, regardless of age, income, or background has the opportunity to learn, grow, and thrive. Since 1885, the YMCA of Youngstown has been committed to strengthening the foundations of the community. The YMCA welcomes all who wish to participate as members and understands that not everyone has the financial means to do so. For this reason, the Y is committed to ongoing fundraising efforts. One hundred percent of donations are used directly to support those in need of financial assistance. The Y's Financial Assistance Program is not government funded;

rather it is supported completely by our generous donors. Therefore, because funding is limited, we ask that every member contribute to the cost of membership. (In other words, we do not provide free memberships).

OUR MISSION: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

HOW TO APPLY

To be considered for financial assistance, we will need the following:

- Complete the entire financial assistance application.
- Tell us your story. Tell us how you feel the YMCA will benefit you and/or your family.
- Copy of most recent income tax statement.
- Copy of 6 weeks of pay stubs if employed, or award letter and/or bank statement for verification of income from other sources (Social Security, Child Support, OWF, etc.)

All Financial Assistance applications and personal documents are kept confidential.

Mail or hand deliver to:

Davis Family YMCA
Attn: Leslie Bartels, Financial Assistance
Coordinator
45 McClurg Road
Boardman, OH 44512

Once your completed application is received, we will contact you if additional information is needed. No appointment is necessary.

We will determine eligibility with fairness, respect, and dignity, using best practices consistent with YMCA's around the country.

You will be notified by mail of the committee's decision within 30 days of receiving all necessary documents. Please bring the approval letter to the membership office when you are ready to join.

Financial Assistance is awarded for a duration of 6-24 months. The Y will notify you 30-45 days before your Financial Assistance expires. While financial assistance is time-limited, membership drafts are on-going. **If you fail to respond to the renewal request, you may be drafted at the full rate.**

For questions regarding your application or award letter, please contact Leslie Bartels, Association Financial Assistance Coordinator at 330-480-5656 ext. 222, or e-mail lbartels@youngstownymca.org.

FINANCIAL ASSISTANCE APPLICATION

PERSONAL INFORMATION: (please print)

Name _____ Male / Female Date of Birth ____/____/____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

2nd Adult Cell Phone _____ 2nd Adult Email _____

Marital Status _____ Number of legal dependents _____

Please list first and last name, gender and birthdates of all persons living in your household.

	Name		Relationship
1)	_____	M / F DOB ____/____/____	_____
2)	_____	M / F DOB ____/____/____	_____
3)	_____	M / F DOB ____/____/____	_____
4)	_____	M / F DOB ____/____/____	_____
5)	_____	M / F DOB ____/____/____	_____
6)	_____	M / F DOB ____/____/____	_____
7)	_____	M / F DOB ____/____/____	_____
8)	_____	M / F DOB ____/____/____	_____

EMPLOYMENT INFORMATION: (if applicable)

Employer Name _____ Position _____

Length of employment _____ Part-Time Full-Time

2nd Adult Employer _____ Position _____

Length of employment _____ Part-Time Full- Time

I do not file income taxes (check only if applicable)

Have you ever applied for a Financial Assistance Scholarship at the YMCA before? Yes No

Applying for assistance for the following membership type: (check all that apply)

Student Adult 2 Adult Household Single Parent Household

* A household is defined as 2 Adults and legal dependent children, age 24 and under, living together.

My home Y will be: Davis Y Central Y

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the Financial Assistance Program.

Signature of Applicant _____

Date _____

MONTHLY INCOME/EXPENSE WORKSHEET (Please Complete)

MONTHLY INCOME

EMPLOYMENT INCOME:
\$ _____ Gross Monthly Income
\$ _____ 2nd Adult Gross Monthly Income, if applicable

INCOME FROM OTHER SOURCES:
\$ _____ Social Supplemental Income
\$ _____ Social Security Disability
\$ _____ Child Support
\$ _____ Alimony
\$ _____ Ohio Works First
\$ _____ Utility Subsidy
\$ _____ Veterans Assistance
\$ _____ Pensions
\$ _____ Unemployment
\$ _____ Food Assistance
\$ _____ Workers' Compensation
\$ _____ Other/Source _____
\$ _____ **TOTAL OF ALL MONTHLY INCOME**

MONTHLY EXPENSES

HOUSING:
\$ _____ Rent Mortgage
\$ _____ Property Taxes and/or Homeowner's Insurance if NOT included in mortgage

UTILITIES:
\$ _____ Electric \$ _____ Water
\$ _____ Gas \$ _____ Cell Phone
\$ _____ Land Line \$ _____ Internet
 Phone
\$ _____ Cable

OTHER EXPENSES:
\$ _____ Auto Payment \$ _____ Auto Ins.
\$ _____ Groceries \$ _____ Gas for Vehicles
\$ _____ Child Care \$ _____ Child Support
\$ _____ Student Loans \$ _____ Credit Cards
\$ _____ Medical expenses (insurance premiums, medical co-pays, prescriptions, past medical bills currently paying on)
\$ _____ Other/Please Explain _____
\$ _____ **TOTAL OF ALL MONTHLY EXPENSES**

TELL US YOUR STORY
In the space below (or submit additional paper), tell us about you and/or your family story and how the YMCA can benefit your family. Please include why you are asking for financial assistance at this time and any special circumstances our committee should be aware of.

Donors to our financial assistance program enjoy hearing the impact their contributions make on individuals and families. May we share your story with our donors? YES YES, but don't use my name NO