



For YMCA staff use only

Account number

Date

Staff receiving application

FINANCIAL ASSISTANCE APPLICATION

YMCA OF GLENDALE

The YMCA of Glendale provides financial assistance to the extent possible to those in need. Assistance will be granted on a first come, first served basis. Assistance will be granted for a minimum of six months to a maximum of one year for membership and for the length of the session for programs. You can reapply to receive continued assistance. Unfortunately, we cannot process incomplete applications. Please note that the processing time for financial assistance is approximately 5-7 business days.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)

_____ () _____
 Legal name (include middle initial) Phone Email address

_____ Apt. _____ City _____ State _____ Zip code _____

How would you like to receive your award notification? Phone Email

MEMBERSHIP ASSISTANCE REQUEST

New facility membership Facility membership renewal

PROGRAM ASSISTANCE REQUEST (Please use one form per child.)

Child's legal name (include middle initial) _____

Select the program(s) for which you are applying for assistance.

Gymnastics Swim Lessons (excluding private lessons) Summer Day Camp Resident Camp Other: _____

INCOME VERIFICATION

Household Monthly Income (Include all sources of monthly income including government assistance, retirement and child support.)

Applicant \$ _____ Secondary adult \$ _____

Attach the following supporting documents to this application. If there are two or more adults in the household, income verification documents must be provided for ALL adults to verify the income listed above.

- Membership Application**
- Rental Agreement or Mortgage Payment Documentation**
- **Two of the following income verifications:**
 - Federal income tax for previous year (W2 forms do not qualify)
 - Most recent paycheck stubs (2 months)
 - Current statement of award or benefits for TANF, SSA, SSI, GAU or other public assistance
 - Most recent unemployment checks stubs (2 months)
 - Most recent bank statements (2 months)
 - An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, participating in a structured job training or rehabilitation program, homeless or residing in a homeless shelter

I certify that the above information is true and complete to the best of my knowledge. I understand that the YMCA's policy for payment applies to this agreement. If granted assistance, I understand I will need to reapply for assistance **15 business days** before assistance expires to continue my membership or program at a reduced rate. If I do not reapply, I will be charged the regular rate. Once I reapply, no reimbursement will be provided for past charges.

X _____ Date _____
 Signature of applicant or guardian

OFFICE USE ONLY

MEMBERSHIP ASSISTANCE

Approved? Yes No Approved by: _____ Date: _____

Type of membership: New facility membership Facility membership renewal

_____%
Assistance Amount

\$ _____
Monthly Dues

FA Expiration Date

PROGRAM ASSISTANCE

Approved? Yes No Approved by: _____ Date: _____

_____%
Assistance Amount

FA Expiration Date

MISSING INFORMATION:

DOCUMENT(S)	NOTES	DATE RECEIVED	RECEIVED BY

CONTACTED:

	DATE	STAFF	NOTES
First Attempt			
Second Attempt			
Final Attempt			