



STAUNTON-AUGUSTA FAMILY YMCA

Financial Assistance

It is the policy of the Staunton-Augusta Family YMCA to provide services for any adult or youth who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full amount may be awarded assistance based on their documented financial situation and the YMCA's ability to fund the subsidy.

WHO IS ELIGIBLE?

- Applicants must work or reside in the STAUNTON-AUGUSTA YMCA service area.
- Deserving and needy youth who want to participate in youth programs (swimming, gymnastics, sports, etc.).
- Adults who are temporarily out of work (and their families), especially those who have been members.
- Youth, adults, and families on limited incomes or referred by schools, churches, and other agencies.
- The YMCA seeks those who support the mission of the YMCA and will make good use of "Y" programs and facilities.

HOW DO I APPLY?

- Fill out this application COMPLETELY and return it to the Front Desk, **ATTN: Jessica Brown** (applications are considered incomplete if financial documentation is not attached).
- Financial Assistance files must be updated with current financial information on an annual basis.

Processing of completed applications currently takes 4-6 weeks.

Please allow enough time when requesting assistance for specific programs. Depending on the availability of the specific request, this process may take longer.

ALL FINANCIAL INFORMATION IS CONFIDENTIAL



STAUNTON-AUGUSTA FAMILY YMCA

PERSONAL INFORMATION

● ARE YOU CURRENTLY A YMCA MEMBER? ☐ YES ☐ NO

Name _____ Home Phone _____

Address _____ Apt. No. _____

City _____ State _____ Zip _____

Are you a full-time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents _____ Is spouse a full-time student? _____

Email _____

List names (include last names, if different from applicant) and ages of ALL persons in the *household*.. Your *household* includes dependents you claim on your federal income tax return.

1) _____ Age _____ Relation _____

2) _____ Age _____ Relation _____

3) _____ Age _____ Relation _____

4) _____ Age _____ Relation _____

5) _____ Age _____ Relation _____

6) _____ Age _____ Relation _____

7) _____ Age _____ Relation _____

EMPLOYMENT INFORMATION

Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Full or Part time? _____

Gross Monthly Income _____ Supervisor's Name _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Position _____ Length of employment _____ Full or Part time? _____

Gross Monthly Income _____ Supervisor's Name _____

PAYMENT INFORMATION

Based on your income and expenses, how much can you afford to pay PER WEEK PER CHILD toward the YMCA CHILD CARE \$ _____ (Blank **MUST** be completed.)

To be considered for Financial Assistance, this application must be filled out completely and all sources of income documented and returned with the completed application. Should any part of this requirement be missing, the application will NOT be considered or processed.

OVER



OTHER

Does anyone on this application have physical, mental, or emotional concerns that would affect their participation in the program? Please explain _____

Do any applicants have special needs that the YMCA should be aware of? Please explain _____

Do you or anyone included on this application smoke? If yes, how many packs per day? _____

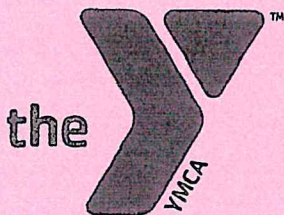
Make and model of car(s) or other transportation. Model _____ Year _____

Model _____ Year _____

APPLYING FOR ASSISTANCE WITH: YMCA CHILD CARE

				FIRST TIME CAMPER
Child Name #1 _____	☐ Male ☐ Female	Age _____		☐
Child Name #2 _____	☐ Male ☐ Female	Age _____		☐
Child Name #3 _____	☐ Male ☐ Female	Age _____		☐
Child Name #4 _____	☐ Male ☐ Female	Age _____		☐

List any skills that you may have that would be of service to the YMCA and that you may be willing to volunteer: _____



STAUNTON-AUGUSTA FAMILY YMCA • 708 N. Coalter Street
Staunton, VA 24401
(540)885-8089 phone • (540)885-7240 fax • www.sayymca.org



Income/Expenses Worksheet

Income:

\$ _____ 1) Your Gross Monthly Income
\$ _____ 2) Spouse's Gross Monthly Income
\$ _____ 3) Child Support
\$ _____ 4) Aid to Dependent Children
\$ _____ 5) Welfare Benefits
\$ _____ 6) Food Stamps
Y _____ N _____ 7) Reduced Lunch Program
\$ _____ 8) TANF
\$ _____ 9) Other (please explain)

\$ _____ TOTAL MONTHLY INCOME (household)

\$ _____ TOTAL ANNUAL INCOME (household)
(TOTAL MONTHLY INCOME X 12)

Expenses:

\$ _____ 1) Rent/Mortgage (circle one)
\$ _____ 2) Auto Loan(s)
_____ Year _____ Make
_____ Year _____ Make
\$ _____ 3) Utilities
_____ Gas
_____ Electric
_____ Water/Sewer
\$ _____ 4) Cell Phone
\$ _____ 5) Internet
\$ _____ 6) Child Support
\$ _____ 7) Child Care
\$ _____ 8) Medical Expenses
\$ _____ 9) Other Expenses (please explain)

\$ _____ TOTAL MONTHLY EXPENSES

Total number living in the home: _____

Please share why you are applying for financial assistance. This portion MUST be completed for your application to be considered.

In order to process this application you must submit the following documentation for everyone working in your household with this completed form:

1. Current/Prior year's Federal Tax Return (Form 1040—page 1 only; or 1040EZ)
2. Copies of your last two paycheck stubs or a letter from your employer stating your annual salary
3. Copies of any supporting documentation of income (SSI, disability, government assistance, etc.)

☐ I do not file a federal Tax return based on federal government income guidelines

Applications received without the above documentation attached will be returned unprocessed.

I certify that this information is true and complete to the best of my knowledge. I grant permission to the YMCA to verify this information. I agree to notify the YMCA if my financial situation should change.

Applicant's Signature _____

Date _____