



# Financial Assistance Application

The YMCA of Broward County is a non-profit agency serving the needs of our community. Our mission is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all. In order to extend participation to more of the community, we provide assistance to those in financial need.

The YMCA is committed to serving people regardless of their ability to pay. However, our resources are limited, due to the fact all funds are raised through our membership and community. We expect everyone to share a percentage of membership and program fees based on the documented financial ability within our guidelines.

You must complete all information and provide verification of all sources of income in order for your application to be processed. Please answer all information as accurately and honestly as possible.

Incomplete applications will not be processed. Be sure to mark NA (not applicable) to any and all boxes that do not apply to you and your family. Please allow up to 5 business days to process your application.

**In order for your application to be reviewed, documentation must be provided along with the application.**

*Cover letter to explain your need for Financial Assistance	*Driver's License
*Child Support Verification	*Last year 1040 tax return (MUST include all if filed separately)
*Two Current pay Stubs (Personal and Spouse)	*Social Security Award Letter
*Disability Award Letter	*Financial Assistance Award Letter (college/ vocational school)
*Temporary Assistance for Needy	*Unemployment Compensation

You can help us make sure we are able to provide this program to all people who need financial assistance. Here is how you can help: •Help raise funds •Provide us your story as to how the Y has changed your life.

## Step 1

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Spouse First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

#### Legal Dependents in the Household:

	Name (First and Last)	DOB (MM/DD/YY)	Gender (M/F)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

- Teen (13-17)     Adult (18+)     Family     Senior (65+)     Senior Couple (65+)

Are you also applying for financial assistance for YMCA program?  Yes  No

Would you be willing to volunteer your time or talents to the YMCA?  Yes  No

**Step 2****Total Household Income Verification**

Monthly Income	Yes/No	Monthly Amount	Staff Review
Income from Employment			
Spouse Income from Employment			
Veteran/Disability Compensation			
Social Security Compensation			
Child Support			
Aid to Dependent Child(ren)			
Alimony/Spousal Support			
Unemployment Compensation			
Food Stamps			
Temporary Assistance for Needy Families (TANF)			
AID from School			

**Office Use Only**

Membership Type: \_\_\_\_\_

Joiner's Fee: \_\_\_\_\_

Monthly Dues: \_\_\_\_\_

Program Fees: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Step 3****YMCA Right and Agreements**

By initialing in the box you are confirming that you have read each of the following:

I understand that my Financial Assistance is granted for one year. Upon expiration, the recipient must reapply with current & updated information.

I understand that if my Financial Assistance is revoked or expires, that my monthly membership dues will return to the full amount, until I reapply and am notified of the renewal.

I understand that expiration or revocation of assistance does not terminate my membership.

I understand that some programs are excluded from financial assistance including Personal Training, Private Swim Lessons, Parent's Night Out, & Midnight Madness. Exclusions are at the discretion of each family center and may include programs not listed above.

I understand that I will be contacted via phone or email upon approval of my application. I understand that I have 7 days from the notification date to redeem the offer.

I understand that if my application is incomplete, I have 7 days from notification date to complete the application. After 7 days, my application will be discarded.

I understand that assistance is granted on the basis of financial need. We consider total household income and number of legal dependents are primary criteria. Financial assistance is based on a sliding scale.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_