

YMCA of Attleboro Best Friends Financial Assistance Information

The YMCA of Attleboro is a charitable organization dedicated to the physical, mental and spiritual development of all regardless of age, race, religion, gender, income or ability. It fosters personal growth through quality programs and services provided in a positive environment by committed staff and volunteers.

Limited funds for financial assistance for YMCA membership and programs have been made available through the generous contributions of friends and families of the YMCA. Aid will be granted to the extent that funds are available. The Best Friends Financial Assistance Program is based on a sliding fee scale that is designed to fit each applicant's situation.

The YMCA believes that a sense of ownership and pride is developed if the member contributes to the cost of his/her involvement. Therefore, all financial assistance recipients will pay a percentage of the membership and program fees.

ELIGIBILITY

Assistance is granted on the basis of financial need. We consider household income and number of legal dependents as primary criteria. Applicants must live or work in the Attleboro YMCA branch service area. The YMCA reserves the right to refuse assistance to any applicant.

HOW TO APPLY

Applicants must complete **all** sections of the Financial Assistance Application. Please do not leave any spaces blank. Documentation from all sources of income must be provided.

The following items must be included with the application:

1. **Two** recent paycheck stubs (include spouse's if applicable), and
2. Most recent tax return (complete 1040 form, federal tax return, not your W2 form)

If you are unable to provide one of the above; the following is a listing of other acceptable documents for proof of income:

- Social Security benefit statement
- Disability benefit statement
- Unemployment benefit statement
- Student loan statement
- Child support statement

INCOMPLETE APPLICATIONS WILL BE RETURNED.

PROCESSING

**** Please allow a *minimum* of two weeks for processing****

Financial Assistance eligibility will be determined by our administration based on a review of the applicant's information. You will be notified by mail whether or not you have been approved.

Financial Assistance is granted initially for 3 months. Prior to expiration of the 3 months, the recipient must reapply with current information. At this time, provided that the applicant still qualifies for financial assistance and has been using their membership regularly, a 12 month membership will be granted.

All information contained in the Financial Assistance Application will remain confidential.

The YMCA of Attleboro is committed to serving people regardless of their ability to pay. However, our resources are limited and we expect everyone to share a percentage of membership and program fees based on their documented financial ability within our guidelines.

**YMCA of Attleboro Best Friends
Financial Assistance Application**

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.

Date: _____

~~New~~ Applicant ~~Renewal~~
 ~~Current~~ Member - Type _____ ~~Non~~member

Please check **one or both** of the following you wish to be considered for financial assistance.

Membership(Specify type and branch): Branch Downtown Pleasant St.
 Youth Teen Adult Couple Family Single Parent Family Senior

Program (Specify program and branch) Branch Downtown Pleasant St
 Which Program(s): _____.

SECTION 1 Applicant Information: (please print)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth ___/___/___

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

Is spouse a full-time student? _____ If yes, where? _____

Are you married? _____ Total number of dependents _____

List names (*last names too, if different from applicant*) and dates of birth of all persons in the household. Your household includes dependents you claim on your federal income tax return. Check which household members to include on membership.

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

_____ Date of Birth ___/___/___

SECTION 2 Employment Information: (please print)

Employer _____ Work Phone _____

Address _____ City _____ Zip _____

Position _____ Length of Employment _____ Parttime Fulltime

Supervisor's Name _____

Gross **Monthly** Income _____

Spouse's Employer _____ Work Phone _____

Address _____ City _____ Zip _____

Position _____ Length of Employment _____ Parttime Fulltime

Supervisor's Name _____

Gross **Monthly** Income _____

SECTION 3 INCOME / EXPENSE WORKSHEET

Income:

We will need the following information for all adults in the household to verify household income (as applies):

- \$ _____ 1) Your Gross Income Monthly Income
- \$ _____ 2) Other Adult's Gross Monthly Income
- \$ _____ 3) Child Support
- \$ _____ 4) Aid to Dependent Children
- \$ _____ 5) Welfare (Submit copy of amount received)
- \$ _____ 6) Food Stamps (Submit copy of amount received)
- \$ _____ 7) Reduced Lunch Program (Submit copy of card)
- \$ _____ 8) Social Security / Disability
- \$ _____ 9) Unemployment
- \$ _____ 10) Pension / Retirement
- \$ _____ 11) Alimony
- \$ _____ 12) POC (Purchase of Care)
- \$ _____ 13) Other (Please explain)

\$ _____ **Total Monthly Income**
(Documentation must be attached)

Expenses:

Please include all monthly expenses listed in your name:

- \$ _____ 1) Rent / Mortgage (Circle one)
- \$ _____ 2) Auto Loan
- \$ _____ 3) Utilities
- \$ _____ 4) Phone
- \$ _____ 5) Child Support
- \$ _____ 6) Medical
- \$ _____ 7) Child Care
- \$ _____ 8) Food
- \$ _____ 9) Credit Cards
- \$ _____ 10) Other (Please explain)

\$ _____ **Total Monthly Expenses**

SECTION 4 Reason for Application:

Why are you applying for financial assistance? _____

Would you be willing to volunteer at a YMCA special event or other Y program? _____

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30days, I understand that I may be terminated from the Best Friends Financial Assistance program and responsible for any payment due.

Signature of Applicant _____
Date

Thank you for taking the time to provide us with this information. All application are processed in the order in which they are received. Please allow at least two weeks to be notified of our decision.

(For Office Use Only)
Application Reviewed on _____ Denied Approved Notified on _____