



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

NAZARETH YMCA CONFIDENTIAL FINANCIAL ASSISTANCE APPLICATION

It is the position of the Nazareth YMCA that its services are open to everyone regardless of age, income, ability, race, or religion. In those instances where the cost of the membership or program may prevent an individual or family from participating, the YMCA will, based on available resources, offer financial assistance up to 95%.

All applications are reviewed based on the most recent Poverty Guidelines for PA. Applications may take up to 2 weeks for approval after all documentation is submitted. If all of the required information is not submitted with your application you will have 2 weeks to supply the missing information. After that for your protection, your application will be shredded & you will need to re-apply.

Current Members on Financial Assistance must re-apply for aid at the end of their approved term. It is suggested that you do this up to 1 month prior to your assistance termination date. Re-applying does not guarantee that you will be eligible to continue to receive assistance or the same amount of assistance. If application is not approved or you do not reapply by your assistance termination date your membership will be terminated according to your assistance termination date.

HOW TO APPLY

1. Applicants ***must*** fill out a Financial Assistance Application completely.
2. Applicants ***must*** provide the YMCA with verification of household income including the following that may apply: **most recent copy of 1 month worth of pay stubs, SSI, Disability and/or Welfare check, most recent Federal Income Tax Return, Unemployment Statement, Child Support payments, 3 months of Savings and Checking account statements.** All application records will be kept confidential. A charge may be incurred for any copies needed to be made by the YMCA.
3. Thank you notes from all applicants must be submitted before membership can begin.

Your application will not be eligible for reviewing if any of the above information from 2 or 3 is missing.

For Office Use Only			
Date Submitted:		Date Reviewed:	
<u>Item needed</u>	<u>Date Called</u>	<u>Staff</u>	
Approved	or	Denied	Subsidy Given: %
Subsidy Approved for: months		Subsidy Expiration Date:	
Membership Fee/Mo.: \$			

PERSONAL

Applicant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Own or Rent

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Other household members: ***All individuals living in the household must be listed***

Name: _____ Age: _____ DOB: _____

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Name: _____ Age: _____ DOB: _____

EMPLOYMENT *Please furnish proof of income with this application i.e. pay stub*

Are you currently employed? Yes or No If yes, Full time or Part time

Employer: _____

Address: _____

Phone Number: (____) _____ - _____ Ok to call? Yes or No

Occupation: _____

Number of years employed: _____

STUDENTS *Please attach a copy of your college schedule with this application*

Are you presently enrolled in College full time? Yes or No

INCOME *Income from all wage earners in the household must be included in order to receive financial aid.*

Primary Applicant

Spouse/Other

Wage, salaries, and tips: \$ _____ Wage, salaries, and tips: \$ _____

Unemployment: \$ _____ Unemployment: \$ _____

Social Security: \$ _____ Social Security: \$ _____

Child Support: \$ _____ Child Support: \$ _____

Aid to Dependent Child: \$ _____ Aid to Dependent Child: \$ _____

Food Stamps: \$ _____ Food Stamps: \$ _____

401K/Retirement Funds: \$ _____ 401K/Retirement Funds: \$ _____

Alimony: \$ _____ Alimony: \$ _____

Other: \$ _____ Other: \$ _____

TOTAL INCOME: \$ _____ TOTAL INCOME: \$ _____

Expenses

Own or Rent Monthly \$ _____ Medical \$ _____

Other: _____ \$ _____

I certify that the information provided is accurate.

Signature _____ Date _____