



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

## FINANCIAL ASSISTANCE PROGRAM

## YMCA OF WESTERN STARK COUNTY

**APPLICANT INFORMATION**  New Application  
 Renewal

PLEASE PRINT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home

\_\_\_\_\_  
Cell

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Applicants Birthdate: MM/DD/YEAR

\_\_\_\_\_  
If applicant is under 18, Parent or Guardian's name(s):

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

**ALL PERSONS LIVING IN THE HOUSEHOLD**  
Place a check mark for each family member applying for assistance.

	Name	DOB	AGE
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**THIS APPLICATION IS FOR:** Check all that may apply.

<u>Membership</u>	<u>Programs</u>
<input type="checkbox"/> Adult	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Family	<input type="checkbox"/> Swim Lessons
<input type="checkbox"/> Youth	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Teen	<input type="checkbox"/> Child Care
<input type="checkbox"/> Senior	<input type="checkbox"/> Day Camp

How much do you feel you can afford to pay for a membership monthly:

\_\_\_\_\_

**FINANCIAL INFORMATION**  
For your application to be processed you must provide verification of all sources of household income.

<input type="checkbox"/> Most Recent IRS Federal Tax	<input type="checkbox"/> Food Stamp Eligibility
<input type="checkbox"/> Two (2) Current Paystubs	<input type="checkbox"/> Copy of Social Security OR Disability Payments
<input type="checkbox"/> Unemployment	<input type="checkbox"/> College Financial Aid
<input type="checkbox"/> Child Support OR Alimony	<input type="checkbox"/> Other

**\*\*Failure to disclose any income verification may result in the denial or delay of your application.**

The YMCA of Western Stark County is a non-profit agency open to all people regardless of age, race, sex, religion or ability to pay. The YMCA of Western Stark County will not deny services to anyone because of the inability to pay. Financial Assistance will be granted based on available resources, to anyone who can demonstrate a verifiable need through recognized proof of income. Valid proof of income will include but are not limited to the last tax return, your last paycheck stubs and your most recent benefit statements. Copies of the proof of income must be provided before the application can be approved.

By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

Date Completed \_\_\_\_\_ Amount of Assistance \_\_\_\_\_ Paid by Member \$ \_\_\_\_\_

Entered Into Scholarship List \_\_\_\_\_

**EMPLOYMENT INFORMATION**

For each individual in the household (18 and older) that is not currently employed, please explain:

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**Option 1 - Household's Prior Year's Adjusted Gross Income**

- From your IRS Form 1040 Line 37, IRS Form 1040ez Line 4, or IRS Form 1040A Line 21
- You must attach a copy of each FEDERAL (IRS) tax return.
- Show all income in the **household**, including dependents, parents, grandparents (even if everyone will not be included on the membership). Only individuals on these tax returns may be included on the membership.

Name: \_\_\_\_\_ Year: \_\_\_\_\_ A.G.I. \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ A.G.I. \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ A.G.I. \$ \_\_\_\_\_

Name: \_\_\_\_\_ Year: \_\_\_\_\_ A.G.I. \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Option 2 (Current income)** - a copy of your tax returns are still required with this option, but eligibility will be determined based on the household's current income.

In your household does anyone receive the following:	Current Income	Adult 1	Adult 2	Other	Required Attachments***
		Amount (Monthly)	Amount (Monthly)	Amount (Monthly)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Wages					Two current pay stubs
<input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment					Two current statements
<input type="checkbox"/> Yes <input type="checkbox"/> No Social Security					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Child Support					CSEA statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Pension					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability/Veterans benefits					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No OWF – Ohio Works First					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Housing Assistance					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Utilities Assistance					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No ADC (Aid to Dependent Children)					Most recent payment
<input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps					Current year benefit statement
<input type="checkbox"/> Yes <input type="checkbox"/> No Foster / Adoption Subsidy					Bank Statement / Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No College Financial Aid/Loans					Billing statement from school & Current class schedule
<input type="checkbox"/> Yes <input type="checkbox"/> No Any other money coming into the home (explain on separate sheet)					Supporting documents
<input type="checkbox"/> Yes <input type="checkbox"/> No Any other money coming into the home (explain on separate sheet)					Supporting documents
<b>Total</b>					

\*\*\*Copies of proof of income must be provided before the application can be approved. You must show all income in the household including dependents (even if everyone will not be included on the membership).

