



# the KEENE FAMILY YMCA

## APPLICATION FOR FINANCIAL ASSISTANCE

Our goal at the Keene Family YMCA is to offer opportunities to all individuals regardless of race, age, sex or economic circumstances. People come to the Y to grow and develop. We strongly believe that the Y has a significant impact on our community and has the ability to improve the quality of people's lives.

### THE FINANCIAL AID PROCESS

**What You Need to provide:** **Household proof of income (1)** Last years tax return and two current consecutive pay stubs or **(2) Receiving Unemployment:** Last years tax return and unemployment benefits letter, state or federal subsidy awards (food stamps, social security, etc) **(3) Unemployed-No proof of income:** Last years tax return, state or federal subsidy awards (food stamps, social security, etc) *and set up an interview with the Y's Community Outreach Director.*

A. Financial aid awards are granted based on household income. The Y uses a sliding scale to award financial aid. Please be aware that no membership will be at a 100% discount and the Y reserves the right to institute a maximum threshold on awards.

<i>FAMILY FITS</i> Membership Rates		
\$55,000 + (full rate)	\$73	<input type="checkbox"/>
\$50,000-\$54,999	\$67	<input type="checkbox"/>
\$45,000-\$49,999	\$63	<input type="checkbox"/>
\$40,000-\$44,999	\$58	<input type="checkbox"/>
\$35,000-\$39,999	\$53	<input type="checkbox"/>
\$30,000-\$34,999	\$48	<input type="checkbox"/>
\$29,999 & under	% Awarded	

<i>ADULT FITS</i> Membership Rates		
\$35,000 + (full rate)	\$50	<input type="checkbox"/>
\$30,000- \$34,999	\$44	<input type="checkbox"/>
\$25,000- \$29,999	\$40	<input type="checkbox"/>
\$20,000-\$24,999	\$35	<input type="checkbox"/>
\$19,999 & under	% Awarded	

B. You must provide all requested paperwork, including the back of this form and/or interviews prior to your application being processed. Processing takes up to two weeks. You will receive a letter by mail.

C. Awards must be activated within one month of the date on the award letter. The applicant must come in to the Y and complete membership paperwork and make payment for the membership.

D. Financial Aid membership are good for a 6 month period at which time you will need to reapply in order to keep your award. Please be reminded to reapply prior to your 6 month termination to avoid a lapse in your membership do to processing.

<b>Office use Only:</b>		
New applicant: _____	Renewal: _____	Date Application Reviewed: _____
Interview Schedule: _____		Interview Notes: _____
_____		
_____		
_____		
Approved: _____	% Notified _____	Denied/Reason: _____
Title XX applied for: _____	When: _____	Status: _____

# APPLICATION FOR FINANCIAL ASSISTANCE

## Personal Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Are you a full-time student: \_\_\_\_\_ If so where: \_\_\_\_\_

List full names and ages of *all* persons in the household (Not just those applying for membership):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Employment Information:

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ mos. \_\_\_\_\_ Yrs. Hourly Wage: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Have you ever applied for financial assistance at the Y before? \_\_\_\_\_ If yes when? \_\_\_\_\_

## Assistance for:

Membership: \_\_\_\_\_ Child Care: \_\_\_\_\_ Which Child Care Program: \_\_\_\_\_

If this application is for child care assistance you must have been denied benefits from the Department of Health and Human Services and provide a copy of your denial letter with this application.

## Financial Information:

Please record all that apply. **You must provide proof of income.** The Y reserves the right to ask for additional documentation at any time.

### Income:

Gross Monthly Income: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Unemployment Comp: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Welfare: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

### Expenses:

Rent/Mortgage: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Phone & Cells: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Please allow a minimum of two weeks for processing. You will receive a letter of approval or denial by mail. **You must bring the letter with you on your first visit so that we may activate your membership at that time.**

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