



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Richmond Family YMCA

## Financial Assistance Application

### PRIMARY ADULT (email is required for approval)

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address (include apt # if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Gender  Male  Female

### SECOND ADULT (living in same household)

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Gender  Male  Female

### DEPENDENTS/ADDITIONAL MEMBERS (living in same household)

List all other members of your household below. Only children who are born to you, legally adopted, guardian by you or claimable on taxes will be considered dependents. Children 19 years and older are considered dependents only if they are full time students AND were claimed on your federal income tax.

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

First & Last Name \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_ Gender  Male  Female

### REQUIRED INFORMATION (MUST BE ATTACHED WITH SIGNED APPLICATION FOR APPROVAL)

In order to provide assistance in a fair and consistent manner, the following is a list of documents that are acceptable income verification necessary to indicate your financial situation. Please provide one of the following, or both.

### TAX INFORMATION FOR ALL ADULTS IN THE HOUSEHOLD

- Federal 1040 form - top two pages
  - If someone in the household is self-employed, then a schedule C form is also needed.
  - If you need a copy of your tax record, please call the IRS at 1-800-829-1040 or visit their website at [www.irs.gov](http://www.irs.gov) OR
- If you do not file taxes you must call 1-800-908-9946 to obtain a letter stating that you are not required to file taxes.

### EMPLOYMENT – PAY STUBS (REQUIRED IF NOT PROVIDING TAX INFORMATION)

- Two current/consecutive pay stubs from each working adult in the household. Pay stubs must show gross pay.
- If pay stubs are unavailable, a letter from the employer on company letterhead stating the average number of hours per week and hourly wage is acceptable. Bank statements do not show gross pay and is not an acceptable form of documentation.

- CONTINUE TO BACK -

**GOVERNMENT ASSISTANCE/SOCIAL SECURITY/DISABILITY (all that apply)**

- A letter from the Social Security Administration stating the current amount received and/or 1040 Federal tax form showing the income (line 14).
- Documentation of any government benefits (SNAP, EBT, FASFA)
- Student current school schedule

**RETIREMENT/PENSION/IRA OR TRUST FUND INCOME (If applicable)**

- Letter from the company or fund stating the amount and frequency that is received, a monthly statement, or 1040 tax form lines 11 and 12 showing IRA/pension income

**FINANCIAL INFORMATION**

	Primary Adult	Second Adult
<input type="checkbox"/> Unemployment	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Child support/alimony	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Snap benefits (food stamps)	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Foster care/ward of the state income	\$ _____ per month	\$ _____ per month
<input type="checkbox"/> Social Security	\$ _____ per month	\$ _____ per month

Describe any unusual expenses you have incurred and/or provide additional reasons/circumstances for applying for financial assistance:

---



---



---

Please read and check off each statement and sign at the bottom that you understand:

- I understand that the YMCA of Richmond, Indiana is a non-profit organization and financial assistance is made possible through the generosity of donors.
- I understand that I must submit ALL requested documentation listed on this form in order for my application to be reviewed and processed.
- Any assistance allocated is good for six(6) months. I understand that to maintain my assistance, I will need to provide updated documentation as requested by the Y.
- I agree to notify the Y if my financial situation changes for the better. This will allow my assistance to be re-evaluated, thus possibly providing more opportunities for others in need.
- I understand that assistance will be awarded subject to availability and eligibility.
- I understand that all YMCA members/program participants receive the same benefits, regardless of whether or not they are receiving assistance.

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications. I understand that I am applying for financial assistance and that it will expire one year from the date of acceptance. I further understand that to maintain my assistance, I will need to provide updated documentation when requested by the Y.

\_\_\_\_\_  
Signature Primary Adult

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Expiration Date \_\_\_\_\_

Date Received \_\_\_\_\_ Date Response \_\_\_\_\_

Tax Year \_\_\_\_\_ Tax income (line 22) \$ \_\_\_\_\_

Gross Annual Income \$ \_\_\_\_\_ Member Number \_\_\_\_\_

Processed by \_\_\_\_\_

Response sent by \_\_\_\_\_

Entered into system by \_\_\_\_\_ Date \_\_\_\_\_

Rate Approved (%) \_\_\_\_\_ Program Discount (%) \_\_\_\_\_ Childcare & Camp Discount (%) \_\_\_\_\_