



**YMCA of High Point Inc.
Financial Assistance Application**

It is the policy of the YMCA of High Point, Inc. to offer membership and program participation to all people who desire to experience the life-changing services provided through our organization. People who are not able to pay the standard membership and program fees may be awarded financial assistance based on their income and their demonstrated ability to pay. Assistance may be limited by the resources available at the time the application is processed. Applying for financial assistance is completely confidential.

Office Use Only	Staff
Date Received: ____/____/____	Initials: ____
Last Name: _____	
Member #: _____	
MBR PG: _____%	PRG PG: _____%
Next Review Date: ____/____/____	

_____/_____/_____

 First Name Middle Name Last Name Application Date

 Street Address City/State/Zip Code Phone Number

_____/_____/_____
 Birth Date E- Mail Cell Phone or Work Phone

Is this your first application for financial assistance at the High Point YMCA? Yes No
 Are you currently a YMCA member? Yes No
 I am applying for assistance for **one** of the following: Membership **OR** Programs

If No, are you completing this application at our request to review your eligibility? Yes No
 If No, you **must** complete a YMCA Membership Application to turn in along with this application

If applying for membership assistance, please indicate the membership category you are applying for (check only one)*:
 1 Youth (3-12 years) 1 Young Adult/College Student (18-25 years) 1 Adult plus dependents 1 Senior (65 & over)
 1 Teen (13-17 years) 1 Adult (26-64 ages) 2 Adults plus dependents

Ethnicity for United Way purposes:
 American Indian Asian Black
 Hispanic White Other

*If you are a current member and you need to add or delete adults or dependents that are listed on your membership, please complete a Membership Information Change Form and submit it along with this application.

REQUIRED INCOME DOCUMENTATION

The following documents must be attached to all applications without exception. Originals will not be accepted. Copies must be provided. Documents will not be returned. Please mark out the Social Security number prior to submitting documentation.

ALL APPLICANTS MUST PROVIDE:

TAX RETURN

- Current year Income Tax Return, Form 1040 or 1040EZ, as filed with the Internal Revenue Service (IRS), if self-employed attach Schedule C.
 - o IRS can be contacted at 1-800-829-1040
 - o If you do not file taxes we need a letter from the IRS or NC Dept. of Revenue stating you did not file taxes.
- Last W2's from all places of employment for each wage earner
- If self-employed add back in Line 9 (car/truck expense) and Line 30 (home office expense) to Line 37 – total gross income.

ALL OF THE FOLLOWING THAT APPLY

- Two (2) consecutive pay stubs for EACH wage earner, showing gross and net income
 - o If pay stubs are not available, provide letter of employment specifying gross salary, signed and dated by employer on company letterhead
- Documentation of following benefits:
 - o Social Security, unemployment, disability, Green/Gold checks, retirement, pension, Welfare, Food Stamps, Section 8, TANF (Temporary Assistance to Needy Families)
- W7 Form as provided to IRS – Application for IRS Individual Taxpayer Identification Number
- Documentation of dependents not listed on tax return:
 - o Medicaid cards, custody agreement, school registration, letter from Social Services for foster children

STUDENTS

In addition to the required income documentation listed above, we ask that you provide:

- Current registration and class schedule, dated student ID or acceptance letter
- Federal Pell Grant, FSEOG Grant, Federal Work-Study, Perkins Loan, Stafford Loan, Direct Plus Loan statements and/or any other scholarship award letters

Dependent Students:

If you are considered a dependent, your parents must submit required income documentation since they assume financial responsibility for you. You are considered to be a dependent student if any of the following applies:

- Claimed by parent(s) on their income tax return

Independent Students:

You may apply for financial assistance on your own and will be considered an independent student if any of the following applies:

- Are over the age of 24
- Married at the time of the application
- Have dependents who live with you
- Parents are deceased
- Are a Veteran of the United States Armed Forces

Foreign Students:

- Accept Certificate of Visa Eligibility for Non-Immigrant (F-1) Student Status, Form I-20
- Accept Certificate of Eligibility for Non-Immigrant (J-1) Exchange Visitor Status, Form DS-2019

INCOME/ EXPENSE WORKSHEET

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of our membership dues and/or program fees. All rates are to be kept confidential, as they are specific to your circumstances. Please list income and expenses for all adult wage earners living at the address. Complete all sections. Incomplete applications will result in a delay of financial assistance award.

If applying for individual membership, please list all income as filed with the IRS and expenses. (If married and applying for individual membership, income must include that of individual and spouse.) If applying for joint membership, please list income and expenses for all adult wage earners.

Do you share expenses with anyone else living at your address? Yes No Total number of people living at address _____

What part of your membership or program fee can you pay?

<u>INCOME (Monthly)</u>	Applicant	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner	Adult Wage Earner
Full Name:	_____	_____	_____	_____	_____
Gross Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support (receiving)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony (receiving)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Aid to Dependent Child(ren)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SSI, Retirement, Welfare, etc	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Food Stamp Benefits					
Other (please explain)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Gross Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Annual Gross Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
EXPENSES (Monthly)					
Rent/Mortgage	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Utilities (total)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Groceries	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Telephone (listed in your name)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vehicle Payment (monthly)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Vehicle Insurance (monthly)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medical/Dental Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuition/College Loans	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Support (paying)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Alimony (paying)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Expenses	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SPECIAL CIRCUMSTANCES

List and document any special circumstances that contribute to your request for financial assistance. Please use an additional sheet, if necessary. Examples of special circumstances include: major medical expenses not covered by insurance, separation, divorce, disability, job loss, change in income, etc.

HOW DID YOU HEAR OF ASSISTANCE?

Please assist us with our efforts to communicate the availability of our Financial Assistance program by checking how you learned of our program:

- Advertisement Referred by YMCA staff member Medical Referral Program I am a Program Member
 Corporate Referral I am a former member Referred by YMCA member
 Drive/Walk by Internet Word of Mouth

VERIFICATION AND AUTHORIZATION

In accordance with the character values of faith, honesty, respect, caring and responsibility, I verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category, covered individuals and documentation of income and expenses for all adult wage earners.

Primary Applicant's Signature: _____ Date _____