YMCA of Clay County, Indiana | *FINANCIAL ASSISTANCE APPLICATION*

** Confidential **

PLEASE PRINT

Your name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

2nd Adult in Household: _____ Relationship: _____

Employer: _____ Work Phone: _____ DOB: _____

List the full names (first, last) and ages of **all** dependents in the household.
(Your household includes dependents you claim on your federal income tax return):

☑ CHILD'S FULL NAME	DOB	AGE	M/F
❑ _____	_____	____	____
❑ _____	_____	____	____
❑ _____	_____	____	____
❑ _____	_____	____	____

Please indicate with a check mark which children are to be considered for financial assistance.

To process your application, ALL of the following information is REQUIRED.

If you did not file taxes, or you do not have one of the other required documents, you must submit a letter explaining your personal situation.

- ❑ A copy of the your most recent tax return (If not on file, a copy may be obtained by calling the IRS.)
- ❑ Proof of Income for EACH ADULT in household. Examples would include the most recent TWO pay stubs, social security checks or disability/ unemployment checks.
- ❑ Documentation of any Federal assistance you receive such as food stamps, housing subsidy, or Aid to Dependant Children cash assistance, per diem, etc.
- ❑ Full-time student status verification w/loan documentation (if applicable).

For which of the following are you seeking assistance? (check those that apply):

❑ Membership:

❑ Youth	❑ New	❑ Renewal
❑ Adult	❑ New	❑ Renewal
❑ Family	❑ New	❑ Renewal
❑ Older Adult	❑ New	❑ Renewal
❑ Single Parent	❑ New	❑ Renewal

❑ Other (please specify): _____

❑ Programs:

- ❑ Summer Day Camp
- ❑ School Aged Child Care
- ❑ Youth Volleyball
- ❑ Youth Soccer
- ❑ Youth Basketball

Gross Monthly Household Income & Expenses

INCOME	Head of Household	2nd Adult in Household
Employment	$ _____	$ _____
Child Support	$ _____	$ _____
Government Assistance	$ _____	$ _____
Food Stamps	$ _____	$ _____
Rental Property Income	$ _____	$ _____
Other (describe):	$ _____	$ _____

Total Monthly Household Gross Income: $____,_____.00

EXPENSES	
Mortgage/Rent:	$ _____
Electric/Gas/Water:	$ _____
Home & Cell Phones:	$ _____
Cable/Satellite:	$ _____
Auto Loan(s):	$ _____
Credit Card(s):	$ _____
Groceries:	$ _____
Other:	$ _____

Total Monthly Household Expenses: $____,_____.00

Reason for requesting financial assistance: _____

_____

The YMCA of Clay County is a not-for-profit agency open to all people regardless of age, race, religion, or ability to pay. Financial assistance will be granted to anyone who can demonstrate verifiable need through recognized proof of income and the availability of scholarship funds. **Applicants will be processed only after all information, including proof of ALL income, is submitted and the application is filled out completely. Please allow up to two weeks to process this application.**

I verify that all information submitted is correct, complete and accurate and give the YMCA my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the scholarship program.

_____ _____

Signature of applicant Date